REPRODUCTIVE HEALTH SURVEY ROMANIA 1993

FINAL REPORT
March, 1995

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CENTERS FOR DISEASE CONTROL
AND PREVENTION

Institute for Mother and Child Care
Ministry of Health

Division for Reproductive Health
Centers for Disease Control and Prevention

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Institute for Mother and Child Health Care
Bucharest, Romania

Centers for Disease Control and Prevention
Atlanta, Georgia USA

March 1995

PREFACE

During the previous regime (1966-1989) Romania was the setting of a distinct pronatalist policy and extreme measures were taken to enforce compliance with the law. The restrictive law, which permitted abortion for only very limited medical and social reasons and prohibited importation and distribution of modern contraceptives, had a direct impact on the maternal mortality rate, which rapidly reached exorbitant levels, on women's health and on reproductive behaviors of the society.

After abortion became legal, clinics were inundated by women seeking abortions, whereas the newly created national family planning program had little impact on averting unwanted fertility. Induced abortion was often regarded as the only method of family planning. Consequently, the legally induced abortion rate had reached one of the highest level in the world.

Information about contraceptive use is not routinely collected and little is known about knowledge, attitudes, and perceived effectiveness of contraceptive methods at the national or regional level. This information is particularly useful in assisting policy makers and health planners to assess health services needs, to identify reproductive health behaviors associated with poor health outcomes, and to design better targeted programs for meeting the needs of key population subgroups.

A population-based survey of women of childbearing age with a national representative sample was considered to be the best and most timely way to collect information on fertility, planning status of pregnancies, family planning, health behaviors and use of women's health services, contraception knowledge and attitudes, knowledge about AIDS transmission and prevention, and other reproductive health issues. This study represents not only a valuable source of up-to-date information to evaluate population, health and family planning programs but also a baseline for future studies.

With assistance from the Division of Reproductive Health of Centers for Disease Control and Prevention (DRH/CDC), the successful completion of the survey can be a model not only for other national studies, but also for similar surveys in Central and Eastern Europe. We would like to acknowledge all the local and international organizations and persons who contributed to various phases of the survey, who provided financial support and technical assistance and who devoted personnel and equipment.

In the name of the steering committee, I would like to thank to all the survey participants and supporters, to all who have dedicated their time, ideas and efforts and to the women respondents whose cooperation made this survey possible.

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Alin Stanescu M.D.
Survey Director

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Editors Note

We would like to acknowledge all the organizations and persons who contributed to the various phases of the Romanian Reproductive Health Survey (RRHS). They are are listed on the following page. The survey was conducted by the Romanian Institute for Mother and Child Care (IOMC), Romanian Ministry of Health (MOH), with technical assistance from the Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention (DRH/CDC), Atlanta, Georgia, USA.

The funding for the RRHS was provided by the United States Agency for International Development (USAID) through the Centre for Development and Population Activities (CEDPA), the United Nations Population Fund (UNFPA), through the local UNDP office, the Romanian Ministry of Health, through the Academy of Medical Sciences, and the United Nations Children's Fund (UNICEF).

The IOMC wishes to place on record its sincere thanks to all those organizations which participated in the planning of the Romanian Reproductive Health Survey, the development of the questionnaire and the review of the various modules. Also, to the CDC team which provided technical assistance in the areas of survey design and sampling, questionnaire development and training, data processing and report preparation.

Finally, to the almost 5,000 women who gave up their time to answer so many questions, we owe a debt of gratitude for this information, which we are sure will be useful in enhancing the status of women's health in Romania.

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EXECUTIVE SUMMARY

Introduction

The 1993 Romanian Reproductive Health Survey (RRHS-93) is a household-based survey designed to collect information from a representative sample of women of reproductive age throughout Romania. This nationwide probability survey of reproductive health is the first to be carried out in Romania since 1978.

During the previous regime, contraceptives and sex education were generally unavailable and importation and sale of contraceptives was forbidden; traditional contraceptive methods, with their high failure rates, were almost the only means to avoid unintended pregnancies. In the absence of modern contraception, illegal abortions, most of them self-induced or induced by lay persons, were widely used to avert unwanted births. Although the extent of the prevalence of illegal abortions was impossible to assess, the dramatic effect on women's health was obvious to government officials but concealed from the public for many years. The true scope of the impact this policy had on reproductive health came to worldwide attention only after the December 1989 revolution and the change of government. During the last decade (1979-1989), Romania had the highest maternal mortality rate in Europe, a rate ten times higher than that of any other European country, and most of these maternal deaths were abortion-related (Stephenson et al., 1992). The magnitude of abortion complications is difficult to quantify but unofficial estimates suggest that nearly 20% of the 4.9 million women of reproductive age are thought to have impaired fertility (UNFPA 1990). The high number of unwanted pregnancies resulting in children abandoned in overcrowded orphanages by families who had been too frightened to attempt an illegal abortion, but who were too poor to afford to raise their child, was another shocking disclosure.

After revoking the restrictive law on abortion and contraception at the end of December 1989, the availability of safe abortion resulted in a drastic decline in me maternal mortality rate and improved women's health and their reproductive rights. However, the health planners who strived to design a family planning program were confronted with a difficult mission: to formulate and implement strategies aimed at improving family planning practices in a climate of economic and political changes and resistance to modern contraception by both the public and the health care providers. Also, insufficient infrastructure, absence of family planning logistics and managerial skills, and the shortage or uneven distribution of the contraceptive supplies were other critical factors that have diminished the impact of the newly founded program.

The principal goal of the RRHS-93 was to obtain data on reproductive behaviors and other selected women's health issues in order to assist policy makers and program managers in assessing health needs and providing comprehensive health care services.

Methodology

The survey used a stratified sample design with independent samples for Bucharest, the capital city, and the interior which is divided into 40 administrative districts called **judets.** Bucharest, together with the surrounding Agricultural Sector of Ilfov, is the equivalent of a **judet.** The 1992 census was used as the sampling frame (Comisia Nationala Pentru Statistica, 1992). Since the numbers of urban and rural households in the Interior were roughly equal, the Interior sample was designed to be self-weighting. Based on the percentage of households with at least one woman 15-44 years of age and on a projected response rate of 90%, a sample of 12,387 households was selected from which to obtain complete interviews for approximately 5,000 women. Although it included 11% of the total population, Bucharest was oversampled to represent 22% of the sample and to allow independent estimates. Survey results were weighted to adjust for the oversampling of households in Bucharest and to compensate for randomly selecting only one woman from households with more than one eligible woman.

Of the 12,387 households selected, 5,283 included at least one 15- to 44 year-old woman. Of this number, 4,861 were successfully interviewed, for a response rate of 92.0%. Only 1.1% the of selected women refused to be interviewed, while another 6.1% could not be located. Response rates were slightly better in Bucharest and other urban areas (93%) than in rural areas (89%). Interviews, conducted at the respondents' homes by trained female interviewers, generally lasted 30 to 50 minutes. The age distribution, marital status distribution and fertility experience of the RRHS sample closely reflected that of the female population as a whole (Comisia Nationala Pentru Statistica, 1993A).

The RRHS questionnaire covered a wide range of topics related to reproductive health in Romania: a history of all pregnancies and births (including pregnancies ending in abortion) and the planning status of the pregnancies; family planning (knowledge and history of use of contraceptive methods, reasons for use of less effective methods of contraception, pregnancy intentions, and fecundity); maternal and child health (health information about the most recent pregnancy and birth and the use of maternal and child health services); young adult reproductive health (information about premarital sexual experience and pregnancy among women 15-24 years old); women's health (health behavior and use of women's health services); reproductive health knowledge and attitudes (especially regarding birth control pills and IUDs); knowledge about AIDs transmission and prevention; and socioeconomic characteristics of women and their husbands or families. The questionnaire also included a monthly calendar of pregnancies, segments of contraceptive use, and reasons for discontinuing use, over a 5-year period beginning in January 1988.

Fertility

Until recently, Romania was the setting of the most rigorously enforced pronatalist policy. A restrictive law, issued in 1966, reversed the legal status of abortion decreed in 1957 and permitted modern contraceptive use and induced abortion for only very limited medical and

social reasons. Although extreme measures were taken to enforce compliance with the law and a new decree issued in 1985 further restricted access to abortion and contraception, the resultant fertility increase in the long term was far below expectations of the government. After an initial surge in fertility in 1967-1968 to 3.6 births per woman, a rate more than twice the 1966 level, the total fertility rate (TFR)* fell to 2.9 in 1970 and continued to decrease slowly to 2.2 in 1980-1984 and stabilized around 2.3 births per woman during the 1985-1989 period.

After abortion became legal, the TFR dropped sharply, to below replacement level, from 2.3 live births per woman for 1987-1989 to 1.5 live births for 1990-1993, while the total induced abortion rate (TIAR)** doubled, from 1.7 to 3.4 abortions per woman for the same periods. A similar fertility decline was noted after the previous legalization of abortion in 1957 when the TFR decreased by one third (from 2.8 to 1.8 births per woman) from 1958 to 1966.

Almost 70% of the TFR can be attributed to women aged 20-29 in both periods of time, in spite of the considerable decline in fertility rates in the recent years. Fertility trends for women younger than 30 years of age are particularly important in Romania, where, by the age of 30, 91 % of the women have already given birth to their first child and the median age at the first live birth is 22 years. All age-specific fertility rates have sharply declined, except those for women aged 40-44, whose rate was very low in both periods. Although the greatest decrease in fertility occurred among women 30-34 and 35-39 years of age, their low age-specific fertility rates in the most recent period accounted for only 11% and 4%, respectively, of the overall fertility. The highest age specific abortion rates were experienced by women aged 25-29, followed by women aged 30-34 in both periods of time. About a half of the TIAR can be attributed to these women. Although the highest increase in abortions was experienced by women under age 20, their low age specific abortion rate accounted for only 5% of the TIAR.

A comparison of age-specific marital fertility rates and marital induced abortion rates for the two periods reveals that marital fertility rates for all age groups were higher than fertility rates for all women and induced abortion rates for married women were higher than those for all women and, by implication, higher than those for unmarried women. These findings are consistent with another survey finding that only 5 % of pregnancies are terminated before the date of first union, and illustrate that abortion is primarily associated with married women in Romania.

There was a notable difference in the TFR between urban and rural residents: urban women had almost one child less than did rural women. Also, in the second period, the abortion

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* The TFR is calculated by accumulating age specific fertility rates for a certain period of time and divided by 5. It is interpreted as the average number of children that a woman would have during her reproductive life, if she would experience the age specific fertility rates that occurred during a specific period of time.
** The TIAR was calculated in the same manner as TFR, except that induced abortion instead of live births were included in the numerator. Conversely, it represents the lifetime number of abortion a woman would experience if she would be the subject of age specific abortion rates observed during a specific period of time.

rate for urban women was 9% higher than the rate for rural women. Education was inversely related to both the fertility rate and the induced abortion rate. The least educated women consistently reported the highest rates of fertility and abortion, and while their TFR dropped by one third, from 3.5 to 2.3, their TIAR more than doubled, reaching almost five lifetime induced abortions per woman after the change in legislation. The more highly educated women had a 28% decline in fertility, and their induced abortion rate doubled.

Data on the planning states of all pregnancies in the two periods demonstrate significant changes. More than two thirds of pregnancies were reported either mistimed (wanted at a later time), or unwanted after the change in legislation. The planning status is strongly correlated with pregnancy outcome. For both periods, more than 95% of the women whose pregnancy ended in induced abortion reported their pregnancy to be unintended. It should also be noted that a relatively high proportion of women whose pregnancy ended in miscarriage or stillbirth in the most recent period had reported it as an unwanted conception (22%); this percentage is almost three times that of women with live births who reported an unwanted pregnancy. One can only speculate that some of these outcomes may have been induced abortions reported as spontaneous abortions or stillbirths.

Future childbearing desires can influence future fertility levels. Of the women who were currently in union, almost 60% did not want to have any more children, 5% wanted to wait at least 2 years before having a child, and only 10% wanted a child in the near future. Almost 20% thought they could not become pregnant and cited as the main reason either their failure to conceive in the last two years without using contraception, gynecological surgery other than contraceptive sterilization, or partner subfecundity. If we exclude these subfecund women from the denominator, then 73 % did not want to have any more children, and this proportion increased to more than 92% for women with two or more children.

Knowledge, Current Use and Source of Contraception

Almost all women currently in union (95%) had heard of at least one modern method of contraception, and no significant differences in the level of overall modern contraception awareness by residence and educational level surfaced. However, the level of knowledge of specific modern methods varied. The most widely known modern methods were the condom, the pill, and the IUD (80% or greater awareness), and the least known were injectables, vasectomy, and the use of the diaphragm, known by 16%, 13% and 9%, respectively. Not only was the overall awareness high, but 85 % of women in union knew at least one place where they thought they could obtain a modern method. The knowledge of where to go for a family planning method was affected by residence and education: rural residents and less educated women were less likely to have such information.

Overall, the major source of information about any contraceptive method was a friend or acquaintance (45%), followed by mass media (19%), and health care providers (10%). Only 4% of the women said that they first heard about contraception from their mother, and less than 3 % cited a teacher as their first source of information.

Although the overall level of family planning awareness was high, for the most widely known contraceptive methods there was a serious gap between awareness of the method and knowledge of where the procedure or product could be obtained; the gap ranged from 9 percentage points for tubal ligation to more than 30 percentage points for the IUD and the condom.

At the time of the survey, 57% of women currently in union reported using a contraceptive method. The prevalence was 43% for traditional methods: 35% for couples using withdrawal and 8% for women using the calendar method. Only 14% of women in union were using modern contraceptives, mostly IUD, condom and pill. Less than 2% were contraceptively sterilized and no vasectomies were reported.

Contraceptive prevalence is highest in Transylvania (67%), highest among women 25-34 years of age (66%-69%) and positively correlated with education level. The percentage of all contracepting women who use contraception and who use modern methods is higher in urban areas, in Bucharest and Transylvania, among the highly educated women, and among those with fewer children. However, in no group does the prevalence rate for using modern methods surpass 24%.

Pharmacies, which provide 38% of current users, are the most important source of modern contraceptives; the next most important source, providing for 31% of users, is the governmental sector through "contraceptive cabinets" set up mainly in hospitals but also in polyclinics and dispensaries. Another important source, which provides 17% of users, is the "black market".   The nongovernmental sector supplies only 5% of users.

Contraceptive use is much lower among previously married women (14%) and almost negligible among never married women (5%), since they are much less likely to report being sexually active. As a result, the overall prevalence for all women aged 15-44 is about 41 %. The contraceptive prevalence for all women before and after the change in legislation increased by 20% but 70% of the increase is the result of higher prevalence of traditional methods. The increase in modern contraceptive use is almost entirely due to increase usage of IUDs-from 0.6% to 1.7%-and condoms-from 1.8% to 2.7%-whereas the prevalence of other methods do not show any change (i.e the pill prevalence of 2.3% remains unchanged).

Additional questions designed to explore attitudes and opinions about modern methods revealed a high level of misinformation and preconceptions. When users of traditional methods were asked how important were several specified reasons for not using a modern method, most women stated that fear of side effects, partner preference, and little knowledge about modern methods influenced their decision to not use a modern method. About one third cited the difficulty of obtaining modern contraceptives or their cost. One fourth acknowledged as an important reason that their physician recommended that they not use a modern method.

Almost two thirds of traditional method users believed that their method was equally as effective as or even more effective than the pill or the IUD. Surprisingly, this belief was not affected by education. These findings document the lack of correct information about modern

contraceptives and highlight women's trust in the traditional methods historically practiced in Romania.

The women's trust in traditional methods is not justified if one considers the high failure rates associated with these methods. Life table analysis of segments of contraceptive use begun since the change in legislation showed that for both withdrawal and the calendar method, 30% of users had a pregnancy within 12 months of initiating use. Three fourths of the 12-month discontinuation rate for these methods is accounted for by method failure. The condom also had a high failure rate of 21%, which accounted for almost half of the reasons for which this method was discontinued. The IUD and the pill failure rates at 12 months are comparable to rates published in the literature.

The low prevalence of modern method use contrasts with the high proportion of women in union, throughout all socioeconomic subgroups, who desired to limit their fertility. Most fecund women currently in union, despite their intention to terminate childbearing, use traditional methods, and only 15% of them expressed a desire to use a modern method in the future. Less than 1% expressed an interest in surgical contraception. Those not interested said their most important reason for lack of interest was the fear of side effects (27%), the fear of surgery (17%), or "they never thought about it" (16%).

Women in Need of Family Planning Services

Nine percent of all women aged 15-44 were estimated to be in need of family planning services, but if the need for more effective contraception among women using traditional, less effective methods is taken into account, the proportion is much higher (39%). These women are fecund, currently sexual active, who did not want to get pregnant and were not pregnant or in postpartum abstinence at the time of the interview, and who were not using any or were using less effective contraceptive methods. If we narrow the definition to women currently in union, more than a half of them are at risk of unintended pregnancies because they are not using effective contraception. This figures translates into more than 1.9 million women in need of any or more effective contraception, 93% of them in union. The proportion of women in need is higher among those living outside Bucharest, those older than age 24, those with low level of education, and those with low or medium socioeconomic status.

Reproductive Health Knowledge and Attitudes

Respondents were asked what they thought was the ideal number of children for a young family in Romania. The ideal number or mean desired number of children for all women was 2.1 children.

When women were asked, at what time during the menstrual cycle is a woman at greatest risk of becoming pregnant, only 54% correctly said that the chance of pregnancy is greatest halfway between menstrual periods. Knowledge of the menstrual cycle was lowest among women who live in rural areas (42%), women under age of 20 (27%), among never married women (37%), among gypsy women (17%), and women with only primary education (37%).

Knowledge of the menstrual cycle increased sharply with increased education (from 37% to 84%) and socioeconomic status (from 38% to 72%).

Overall, 43% of women said the pill is unsafe for women's health and another 38% did not know whether the pill is safe or not. Fewer than 20% of women believed that the pill is at least somewhat safe. The percentage who felt that the pill is safe was highest for women in Bucharest and women aged 20-34 years. As with the pill, women were generally unaware of the efficacy of the IUD (49%) or underestimated its ability to prevent pregnancy. Only 32% of the respondents said that a woman whose IUD was inserted correctly could be completely or almost sure that she would not become pregnant, while almost half said they do not know.

Overall, only 57% of women said they would like to have more information about contraception. This is inversely correlated with age, with more than 75% of women 15-24 years of age reporting a desire for information on this subject and only 38% and 21%, respectively, of women aged 35-39 and 40-44 years. Associated with younger age, 79% of never married women and 73 % of childless women expressed a desire for more information.

Almost three-fourths of women surveyed (72%) said that women always have the right to decide about their pregnancies, including abortion. At least two thirds of every segment of population believed that should be no restrictions on abortion.

Maternal Health

The overall percentage of women receiving any prenatal care is 94% and varies within a narrow range according to maternal characteristics. However, a large proportion of them did not have an adequate number of prenatal visits. Between January 1988 and June 1993, less than a quarter (23%) of mothers had 10 or more visits during their last pregnancy which resulted in a live birth. Almost 20% had only 1-3 visits, 34% 4-6 visits and 18% 7-9 visits. The proportion of women with an inadequate number of visits is higher in rural areas, in the northeast part of the country (Moldavia), among women with less than 12 years of formal education, among the youngest mothers, and among those with low socioeconomic status. Slightly more than a half of mothers (57%) had complied with the norms regarding early initiation of prenatal visits, whereas 34% sought prenatal care in the second trimester and 4% in the third trimester. Only 60-61 % of mothers who sought prenatal care received information about nutrition, the adverse effects of smoking and alcohol abuse, and about rest and physical activity during pregnancy.

About 30% of mothers with a live birth since January 1988 experienced an important health problem during their last pregnancy: 20% had been hospitalized and 10% had to spend at least one week in bed for that problem. The median duration of hospitalization was 14 days.

Health Behaviors

According to the survey data, more than one in five women of childbearing age (22%) is a smoker. An additional 7% have smoked but reported that they quit. Urban residents, are much more likely to currently smoke (p<0.01) than rural residents. Women residing in Bucharest and Transylvania are more likely to currently smoke, whereas women in Moldavia are the least likely to be either current or past smokers (15% and 7% respectively). Women currently in union are twice as likely to smoke as never married women (25% vs. 13%) but previously married women are the most likely to smoke (41 %).

Only about a quarter (27%) of the respondents who reported having had sexual relations said that they have ever had a cervical cancer screening test (Pap smear). Even among employed women who, during the previous regime, were supposed to be routinely screened for early detection of pregnancy and gynecologic problems, only 36% said they had ever had a Pap smear. Among those unemployed, the proportion who have ever been screened is much lower (17%).

The low prevalence of cervical cancer screening may be partly explained by a general reluctance to undertake routine gynecologic exams. Overall, only 35% of sexually experienced women had gynecologic exams frequent enough (within 3 years) to insure an effective cervical screening program, whereas 44% reported that they have never been routinely examined. Among employed women, only slightly more than one third (36%) said that in fact they have never been routinely examined.

Overall, less than a half of respondents have ever heard about breast self-examination and less than one in four have ever performed it.

Young Adults

Almost half of 15-24 years old women (41%) reported that they have had sexual intercourse (16% of 15-19 years old and 70% of 20-24 years old women). However, by age 24, the majority of women (84%) reported having had sexual relations. Slightly more than a half of those reporting sexual experience had premarital sexual intercourse. There were only small differences in sexual experience among various subgroups studied. However, premarital sexual experience varied greatly: urban residents, less educated women and Hungarian and gypsy young women were more likely to have premarital sexual intercourse.

Only 26% of young women with premarital sexual experience reported that they or their partner used contraception at first intercourse and the most prevalent method was withdrawal. Among young women whose first intercourse was marital, even fewer reported using a contraceptive method at first intercourse (15%) but the most prevalent method was also withdrawal.

About three-fourths of young women reported that they had ever been pregnant and about 17% of those said they were not married at the time they first became pregnant. Of those who

reported premarital pregnancy, 61% said the father was a boyfriend or a friend with most of the reminder being fiances at the time they became pregnant. Almost two thirds eventually married the man by whom they became pregnant.

Knowledge of AIDS Transmission and Prevention

Almost all respondents declared they have heard of HIV/AIDS but many of them had incomplete or superficial "knowledge". Only less than a half of those who have heard about HIV/AIDS knew that persons infected with HIV/AIDS can be asymptomatic.

The majority of women who have heard about HIV/AIDS could identify three of the most frequent modalities of transmission: heterosexual relations, blood transfusions and use of contaminated needles. However, only 72% agreed that homosexual relations among men could transmit HIV/AIDS and more than a half thought that medical or dental visits carry a potential danger of transmission. About one-third believed sharing objects with an infected person, using public bathrooms or kissing on the mouth are also possible ways to get HIV/AIDS. About one in four women (27%) said that HIV/AIDS could be spread by mosquito bites and 9% indicated that shaking hands with an infected person could transmit the virus. Correct knowledge of transmission was positively correlated with education, especially in identifing male homosexuality as a risk factor for HIV/AIDS.

No significant association was found between the self-assesed risk of infection and the respondents' experience with condoms. Only 29% of women who considered themselves at high risk of HIV/AIDS have ever used condoms, compared with 21% who did not agree they have any risk of infection and have ever used condoms. The majority of women who have ever used condoms said they wanted to prevent unintended pregnancies and none mentioned condom use as protection against HIV/AIDS or other sexual transmitted diseases .

Conclusions

The concept of modern methods of family planning was, and still is, poorly developed in Romania, and the change in legislation did not translate into a significant increase in contraceptive use; almost half of the couples are not using any method, and of those who do, most are using traditional methods and induced abortion when the method fails. Because of an overwhelming desire to limit family size, Romanian couples have decreased their fertility below replacement level, mostly through the use of abortion.

Overall, the TFR decreased by 35% and the TIAR doubled. The extremely high rate of abortion appears to be the principal determinant of the decline in fertility since little changes have occurred in the prevalence of modern contraceptive use or contraceptive mix. The high prevalence of traditional methods, accompanied by high failure rates, results in more unintended pregnancies and consequently more abortions..

The effect of switching from the use of illegal, unsafe abortions to legal abortions is reflected in the decline of the maternal mortality ratio (MMR). After many years of high rates of maternal mortality, more than 85% abortion-related, the MMR decreased between 1989 and 1992 from 170 to 60 per 100,000 live births, a decrease entirely due to the abrupt decline in the abortion-related deaths. Even with this decline, induced abortion is still associated with a relatively high risk of death, mainly because of the continuing use of unsafe abortions. Since the use of illegal abortion was a routine for many women in me past and since nonmedical abortion providers might be more accessible, more affordable, or more familiar, the practice of illegal abortion is likely to continue, especially among women who seek abortion beyond the legal gestational limit of 12 weeks.

The low prevalence of more effective contraceptives contrasts with a high level of family planning awareness; almost all women who were currently in union declared that they had heard about at least one modern method, and 85% knew where to get the procedure or product. Unfortunately, family planning awareness is not enough to change contraceptive behaviors, especially when mistrust and preconceptions about modern methods, revealed in women's attitudes toward pill and IUD, are very common. Limited sex and contraceptive education, lack of adequately trained providers, shortage or uneven distribution of contraceptive supplies, and, in some instances, legal constraints are major reasons for the continued high rates of unintended pregnancy and induced abortion.

Postabortion counseling is virtually unknown, and prenatal services, though highly attended (94%), do not address postpartum contraceptive needs. Although an increasing number of physicians and nurses are involved in family planning activities in addition to their other tasks, recent Ministry of Health regulations narrowed the eligibility of providers by requiring six months of continuous training in order to obtain "family planning competency." At the present time, only gynecologists may "officially" prescribe contraceptives and insert IUDs. Even when awareness for some methods is high (condom, pill, IUD), their use is hampered by mistrust and misconceptions. The prevailing public opinion, that modern contraceptives are harmful, is often supported by the medical community which often lacks experience in family planning.

The availability of modern contraceptive methods continues to be an issue of great concern. Newly opened family planning clinics have very few, if any, contraceptive supplies, and their main source is international donors. Although since 1990 large quantities of contraceptive supplies (condoms, IUDs, pills, and barrier devices) have been imported by the Ministry of Health, these commodities are exclusively distributed through the central state pharmaceutical system, and family planning providers are often unaware of their existence. The absence of contraceptive logistics and managerial skills further contributes to shortages and uneven distribution of these supplies.

Permanent methods of contraception are not promoted and legal provisions to support voluntary sterilization are absent. Previous legislation, which allowed tubal occlusion only for women with five or more children, for women older than 45 years of age, or for very limited medical reasons, has yet to be modified.   The survey shows that of the 1.4% of women in

union who reported tubal ligation as their method of contraception, only one in six had their procedures performed after December 1989. Less than 4% of fecund women in union who did not want any more children expressed interest in surgical contraception. Male sterilization is widely unknown, even among health professionals, and often is confused with castration.

For family planning efforts to meet the needs of Romanian couples, better accessibility to modern contraceptives has to be ensured. A full range of quality contraceptive methods should be available to couples who want to space or limit their children. Active educational programs should be instituted for both the public and the health care providers. Information should also be made available on the health benefits of contraception. The education process should include men as well as women, and age-appropriate sex and contraceptive education should be initiated in schools. Policymakers and program managers should make an effort to decentralize the responsibility of providing services, and should encourage the training of general practitioners, nurses and social workers as service providers or counselors. Since the most common reason for using contraception and abortion is to have no more children, permanent methods of contraception should be promoted.

CHAPTER I

INTRODUCTION

1.1 Background

Romania is an Eastern European country bordered to the north and east, by Republic of Moldavia and the Ukraine, former Soviet Union republics, to the south and east by the Black Sea and Bulgaria, and to the west by Hungary and former Yougoslavia. Romania covers an area of 148,000 square miles and the 1992 census reported a population of 22.8 million inhabitants. Over 89 percent are ethnic Romanians, seven percent Hungarians, nearly two percent Romi (gypsies) and the remainder (1.5 percent) include Germans, Ukrainians, Serbs, Turks and other nationalities. More than a half of the population (54.4 percent) live in urban areas, and two million reside in the capital city of Bucharest. The rural population is settled in villages and communes (big villages that serve as the administrative center for 3 to 5 villages).

The country is administratively divided into 41 districts called judets (see map - Attachment B). National programs are developed and coordinated at the national level and are administered, along with other local government activities, at the judet level. Romania is divided into three major geographic regions: Moldavia, Vallachia (Muntenia), and Transylvania. Economic, social, ethnic and cultural differences still persist among the regions due to Romania's unique history and geographical location halfway between the East and the West, sharing much of its tradition with both and yet not completely a part of either.

At the national level, the health system is directed by the Ministry of Health which sets the budget for health care, coordinates services and is responsible for health policy. The Ministry is assisted by several state-supported academic institutes, such as the Institute of Hygiene and Public Health, the Institute for Health Services and Management, and the Institute for Mother and Child Health Care (IMCC) which serve in an advisory capacity and carry out health research. The Ministry is organized into a number of administrative units, including the Directorate for Mother, Child and Adolescent Health where a recently established unit is responsible for family planning and sex education activities.

Local health care is administered by the local authorities and the Ministry of Health through the judet health offices which are called "District Sanitary Directorates". These directorates manage all health services in their district: the district hospital, other local hospitals, all polyclinics (outpatient clinics used for specialist consultations and referrals) and all rural and urban dispensaries staffed by general practitioners. There are 243 hospitals , 540 polyclinics (most of them in urban areas), and 5,883 dispensaries (almost equally distributed in urban and rural areas). Throughout the country, 21 referral hospitals are involved in teaching activities (Ministry of Health, 1992). About 48,500 physicians work for the Ministry of Health (one physician per 475

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population) of which approximately 1,500 OB/GYN specialists. There are presently 135,000 nurses, but it is estimated that 25,000 more are needed. For 10 years, beginning in 1980, the basic nursing curriculum was integrated into the four years of high school education followed by another year post-secondary school. Formal midwifery training stopped in 1978; therefore most midwifes were trained as hospital nurses and had on-the-job training. Starting with 1990, several postgraduate nursing schools were reopened and specialist training for physicians started again. Nonetheless, curricula need to be updated and family planning training, banned before December 1989, needs to be added.

Former President Ceausescu's legacy left a terrible burden for Romanians in respect to many aspects of life, but one of the most dramatic has been reproductive health (Shroff, 1992). As a result of his pronatalist policy introduced in 1966, abortion, contraception and sex education were prohibited, and draconian measures were introduced to enforce compliance with the law. After a brief increase to 22 per 1000 in 1970, the crude birth rate began to fall and continued to fall, to a rate of 14 per 1000 in 1990, despite reinforcement of the pronatalist law in 1985. However, the maternal mortality rate, similar to other industrialized countries before the 1966 law went into effect, skyrocketed until it reached a level 10-times higher than any other European country. For the decade 1980-1989, the average maternal mortality rate was 150/100,000 live births and 80 to 85 percent of maternal deaths were reported to be due to illegal abortion. It is estimated that a total of almost ten thousand women died during the period 1966-1989 and many others had been left with complications leading to infertility or sterility as a consequence of self induced or "backstreet" abortion procedures.

After the December 1989 uprising, one of the first acts of the then provisional government was to legalize abortion "on request" and family planning. Approximately one million legal abortions were performed in 1990 as a direct result of the repeal of the restrictive law and the unavailability of contraceptives. Subsequently, the maternal mortality rate declined dramatically (by 60% in one year) as most of the induced abortions were performed by skilled physicians in hospitals or clinics. In 1992 the maternal mortality rate declined even further, from 85/100,000 (1989) to 60/100,000 live births, almost entirely as a result of the decrease in the abortion-related mortality rate (source: the MOH/MCH reporting system). However, the maternal mortality rate in Romania remains one of the highest in the Europe. According to non population based studies, there is a low prevalence of modern contraceptive use and strong reliance on traditional family planning methods whose high failure rates lead to high levels of unintended pregnancy.

As part of health care reform, the current government plans to introduce and generalize family planning services throughout the country. A major loan was received from the World Bank in order to strengthen the health system infrastructure and to improve health services, including drug availability and institutional development. Family planning services are an important part of the World Bank project which designated funds for opening 11 referral centers staffed mainly by gynecologists and 230 "contraceptive cabinets" set up in hospitals, polyclinics and dispensaries. A certain emphasis was placed on developing the Family Planning and Sex Education Unit (FPSEU) within the Ministry of Health whose tasks include: developing a family planning

promotion plan, providing guidance and quality control in family planning and abortion services, organizing an evaluation system, preparing FP curricula for medical and nursing students, ordering and stocking contraceptives, and preparing a logistics plan for distribution.

The continuous decline in the number of abortions performed in 1991, 1992 and 1993 along with the increase in contraceptive availability were considered early results of the recently developed FP policy. However, the lack of a communication and reporting system within the newly developed FP network combined with no previous nationwide studies on reproductive health hamper the collection of valuable information needed to evaluate the current situation and to make informed program and policy decisions. The Romanian Ministry of Health decided that the best and the most timely way to collect needed representative data would be a nationwide household survey of women of childbearing age regarding reproductive health and family planning issues.

The Romanian Reproductive Health Survey (RRHS) was conducted during July-December 1993, among 5,283 women of childbearing age interviewed in their homes. The response rate was 92% (4,861 completed interviews). Since this was the first national household reproductive health survey in Romania, the high response rate not only adds confidence in the data but also makes this methodology a valuable precedent for gathering population based health information.

The Preliminary Report, published in January 1994, described only some of the key findings of the survey. This Final Report addresses the following topics: general characteristics and marital status of women with completed interviews; fertility levels, trends, preferences and planning status of pregnancies; induced abortion levels, trends and differentials; contraceptive use; awareness, use and attitudes about modern and traditional methods of contraception, reasons for not using contraception and future intention of use; prenatal care; sexual experience of young adult females and contraceptive use at first intercourse; cervical cancer screening and smoking history; and knowledge about prevention and transmission of HIV/AIDS infection.

Tabulations and analysis of data were performed by geographic areas and selected socio-demographic characteristics.

1.2 Objectives of the Survey

The improvement of reproductive health in Romania is a difficult and complex task which cannot be achieved only through legalization of abortion and contraception. The survey was specifically designed to meet the following objectives:

-to assess the current situation in Romania concerning abortion, contraception and various other reproductive health issues;

-to enable policy makers, program managers and researchers to evaluate and improve existing programs and to develop new strategies;

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-to measure changes in fertility and contraceptive prevalence rates and study factors which affect these changes, such as geographic and socio-demographic factors, breastfeeding patterns, use of induced abortion, and availability of family planning;

-to identify and focus further reproductive health studies toward high risk groups.

CHAPTER II

METHODOLOGY

2.1 Organizational Structure

This survey could not have been carried out without the cooperation of several organizations. Funding for the RRHS was provided principally by the United States Agency for International Development (USAID) through the Center for Development and Population Activities (CEDPA), and the United Nations Population Fund (UNFPA). Additional funding was provided by UNICEF and the Romanian Academy of Medical Sciences. Fieldwork was conducted by the Institute of Mother and Child Care, Ministry of Health (MOH), which coordinated the recruitment and training of interviews and all aspects of data collection.

The National Commission for Statistics provided the sampling frame based on the recently completed 1992 census. The Center for Health Statistics in the Ministry of Health (CHS/MOH) reviewed the questionnaire and provided personnel to carry out data entry and edit operations. The Association for Public Health and Management was responsible for financial accounting.

The Division of Reproductive Health (DRH) of the United States Centers for Disease Control and Prevention (CDC) provided assistance in survey design, questionnaire development, and all technical areas of the survey. Interviews were administered at the homes of respondents by 20 intensively trained female interviewers, most from the Institute of Mother and Child Care (IMCC) and the CHS/MOH. There were five survey teams, each headed by a fieldwork supervisor and one field work coordinator. Training was carried out immediately before the survey field work began and lasted six days. Interviewer training was organized and conducted by staff from the IMCC and DRH/CDC. In parallel with the first two weeks of field work, a DRH/CDC computer specialist installed data entry/edit software and trained the Romanian staff in its use.

2.2 Questionnaire Content

The questionnaire was first drafted by CDC/DRH consultants based on a core questionnaire used in the 1993 Czech Republic RHS. This core questionnaire was modified, including adding modules targeted to explore important issues for Romania, such as induced abortion and maternal mortality. The survey instrument was then reviewed by Romanian experts in reproductive health and family planning, as well as by AID and AID cooperating agencies who have worked in Eastern Europe. Based on these reviews, a pretest questionnaire was developed and field tested in April 1993.

The RRHS questionnaire covered a wide range of topics related to reproductive health in Romania. The specific areas included were:

- Social, economic and demographic characteristics

- Pregnancy history

- Knowledge and use of contraceptive methods

- Sexuality and contraception among young adults

- Use of maternal and child health services

- Morbidity during pregnancy

- Women's health issues

- Knowledge and attitudes about contraception

- Knowledge about HIV/AIDS

The questionnaire had two components: (1) A short household module that was used to collect residential and geographic information, as well as selected characteristics about all women of childbearing age living in sampled households, and information on interview status. This module was also used to select a respondent randomly when there was more than one eligible woman in the household. (2) The longer individual questionnaire collected information on reproductive health topics discussed below. For Hungarian language speakers, the interview was conducted in their native language.

The major subjects on which information was collected are: pregnancies and childbearing (a history of all pregnancies and births, including use of abortion and planning status of pregnancies); family planning (knowledge and history of use of methods of preventing pregnancy, reasons for use of less effective methods of contraception, pregnancy intentions, and fecundity); maternal and child health (health information about the most recent pregnancy and birth and the use of services); young adult reproductive health (information on sexual relations and pregnancy among females 15-24 years old); women's health (health behavior and use of women's health services); reproductive health knowledge and attitudes (especially regarding birth control pills and IUDs); knowledge about HIV/AIDS transmission and prevention; and socioeconomic characteristics of women and their husbands/families. The sisterhood module to estimate maternal mortality was also part of the questionnaire.

Most issues have been examined by to geographic, demographic, and socio-economic characteristics, making it possible to identify the segments of the population with specific health needs or problems.

2.3 Sampling Design

The 1993 RRHS was designed to collect information from a representative sample of women of reproductive age throughout Romania. The universe from which the respondents were selected included all females between the ages of 15 and 44, regardless of marital status, who were living in Romania when the survey was carried out.

The survey employed a stratified sample with independent estimates for Bucharest, the capital city, and the 40 *judets* outside of Bucharest, or the Interior. Bucharest, together with its surroundings, the Agricultural Sector of Ilfov, is the equivalent of *a judet.* The 1992 census was used as the sampling frame (Comisia Nationala pentru Statistica, 1992). Since there were roughly equal numbers of urban and rural households in the Interior, the Interior sample was designed to be self-weighting. With a projected area probability sample of 5,000 women, 1,000 in Bucharest and 4,000 in the Interior, regional estimates are also possible for the Interior. Based on census data (percentage of households with at least one women 15-44 and unoccupied households) and a projected response rate of 90%, a total of 12,387 households were sampled to obtain complete interviews for approximately 5,000 women. Bucharest was oversampled and represents 22 percent of the sample, although it includes 11 percent of the total population.

The first stage of the three-stage sample design was a selection of "Census Sectors" with probability proportional to the number of households recorded in the 1992 Census. This was accomplished using a systematic sample with a random start in both strata or domains. In the second stage of sampling, clusters of households were randomly selected in each Census Sector chosen in the first stage. Cluster size determination was based on the number of households required to obtain 15 interviews per cluster, on average, in Bucharest, and 20 in the Interior. To obtain an average of 15/20 interviews, cluster sizes varied from 39 to 50 households due to different proportions of unoccupied household and variations in the proportion of households containing females 15-44 years of age by geographic area. Finally, one woman between the ages of 15 and 44 was selected at random for interviewing in each of the households.

Since only one woman was selected from each household containing women of reproductive age, all results have been weighted to compensate for the fact that some households included more than one eligible woman. Survey results are also weighted to adjust for the oversampling of households in Bucharest. Except for Table 2.1, all tables in this report present weighted results. The unweighted number of cases, used for variance estimation, are also shown in each table.

As mentioned above, interviews were conducted at the respondent's homes by trained female interviewers. These interviews generally lasted 30 to 50 minutes. Almost all women selected to participate in the survey agreed to be interviewed and were very cooperative. Of the 12,583 households selected, 5,283 were found to include at least one 15-44 year-old woman. Of this number 4,861 were successfully interviewed, for a response rate of 92.0% (Table 2.1). Only 1.1% of selected women refused to be interviewed, while another 6.2% could not be located. Response rates were slightly better in Bucharest and other urban areas than rural areas.

TABLE 2.1
Results of the Household Visits and Interview Status of the Eligible Women
By Residence
Reproductive Health Survey: ROMANIA, 1993
(Percent Distribution)

| Households | Total | Residence | | |
		Bucharest	Other Urban	Rural
Identified Eligible Women*	42.0	43.2	50.6	34.5
No eligible women	45.9	46.1	36.6	53.5
Unoccupied Household	7.8	5.6	7.5	9.2
Refusals	0.9	1.8	1.2	0.1
Resident Not At Home	3.4	3.4	4.2	2.8
Total	100.0	100.0	100.0	100.0
No. of Households	**12,583**	**2,688**	**4,460**	**5,435**
Eligible Women				
Completed Interviews	92.0	93.2	93.5	89.5
Selected Respondent Absent	6.2	4.4	5.2	8.5
Selected Respondent Refusal	1.0	2.0	1.0	0.3
Other	0.8	0.4	0.3	1.7
Total	100.0	100.0	100.0	100.0
No. of Eligible Women	**5,283**	**1,160**	**2,256**	**1,867**
Interviewed Eligible Women	**4,861**	**1,081**	**2,110**	**1,670**

*Includes Women of Fertile Age (WFA) Aged 15-44 with completed interviews, incomplete interviews, women who were absent or who refused to be interviewed.

The age distribution of the RRHS sample closely reflected that of the female population as a whole (Comisia Nationala pentru Statistica, 1993A). As shown in Table 2.2, the sample population is essentially within two percentage points of the census population in each age group. In urban areas there is a slight overrepresentation of women 15-19 years old and slight underrepresentation of women 20-24 years of age. This is probably due to the greater difficulty in finding 20-24 year old women at home, since they are more likely to work or be attending University level classes.

TABLE 2.2
Women 15-44 Years of Age by Age Group
1992 Census and 1993 Romania Reproductive Health Survey (RRHS)
(Percent Distribution)

Age Group	Census-1992			RRHS-1993		
	Total	Urban	Rural	Total	Urban	Rural
15-19	18.8	16.4	23.0	21.0	19.2	23.8
20-24	20.5	19.7	21.8	18.4	16.0	22.4
25-29	12.5	13.2	11.3	14.6	14.6	14.5
30-34	15.5	17.3	12.4	15.5	15.5	11.7
35-39	17.3	18.7	14.8	19.3	19.3	13.2
40-44	15.4	14.7	16.7	15.4	15.4	14.4
Total	100.0	100.0	100.0	100.0	100.0	100.0

TABLE 2.3
Women 15-44 Years of Age by Marital Status by Age Group
1992 Census and 1993 Romania Reproductive Health Survey (RRHS)
(Percent Distribution)

Age Group	Census-1992*			RRHS-1993		
	Currently Married	Previously Married	Never Married	Currently Married	Previously Married	Never Married
15-19	11.7	0.2	88.0	10.7	1.6	87.7
20-24	58.4	2.1	39.6	58.1	3.7	38.2
25-29	82.3	4.4	13.3	85.8	5.9	8.3
30-34	86.7	5.3	6.7	93.1	5.4	1.4
35-39	86.6	8.5	4.9	89.4	8.0	2.7
40-44	85.8	10.2	3.9	89.9	8.6	1.5
Total	66.1	5.0	28.3	67.2	5.3	27.5

* The marital status in the Census publication also includes 0.6 % of women with "unknown marital status" who are not shown in this table.

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The sample population by marital status is compared with the census in Table 2.3. After age 24, the sample includes from three to six percent more married women and two to five percent fewer never married women. This is probably explained by the fact that women in consensual unions were considered married in the survey, but defined as not married in the census. Four percent of women in the survey reported themselves to be in a stable consensual union. By age 30, more than 95 % of women in Romania have entered a martial union.

Table 2.4 shows the similarity of number of children born alive between the census and the RRHS, another indication of the representativeness of the RRHS sample.

TABLE 2.4
Women 15-44 Years of Age by Number of Children Born Alive
1992 Census and 1993 Romania Reproductive Health Survey (RRHS)
(Percent Distribution)

Nº of Children Born Alive	Census-1992	RRHS-1993
0	37.6	36.1
1	20.6	21.5
2	24.7	27.0
3	8.8	8.7
4+	8.3	6.7
Total	100.0	100.0

CHAPTER III

CHARACTERISTICS OF THE SAMPLE

3.1 Characteristics of the households

Table 3.1 displays information on the size of the households where at least one eligible woman 15-44 was identified, by residence and region. Overall, 85% of the households are constituted by one family and this percentage is even higher in urban areas (90%). In rural areas one fourth of the households contain either two (23%) or more families (2%). Excepting Bucharest which has mostly single family households (90%), a negligible difference in the number of families per household is observed among regions (82-86%).

TABLE 3.1.1
Number of Families/Persons in Households with At Least One Eligible Woman
By Residence and Region
Reproductive Health Survey: ROMANIA, 1993
(Percent Distribution)

Size	Total	Residence		Region			
		Urban	Rural	Bucharest	Vallachia	Transylvania	Moldavia
No. Of Families/ Household							
1	84.8	90.7	74.9	90.2	82.3	85.7	84.6
2	14.0	8.6	23.0	9.1	16.3	13.3	13.6
3 or more	1.2	0.7	2.1	0.7	1.4	1.0	1.8
No. Of Persons per Household							
1	1.1	1.6	0.2	2.8	0.8	0.8	1.0
2	7.4	9.2	4.5	12.5	5.9	7.3	7.4
3	23.9	28.1	16.9	30.2	23.4	24.4	20.5
4	33.5	37.7	26.6	36.1	32.7	36.1	29.4
5	17.2	14.1	22.4	11.4	18.6	17.8	17.2
6	9.4	5.6	15.6	4.5	11.0	8.0	11.3
7 or more	7.5	3.8	13.7	2.5	7.7	5.5	13.2
Average No.of Persons Per Household	4.1	3.8	4.5	3.7	4.3	4.1	4.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Unweighted No. of Cases	(4,861)	(3,190)	(1,668)	(1,081)	(1,530)	(1,383)	(864)

More than half of the households have three or four persons and this proportion increase to almost two-thirds in urban areas. Households in Bucharest contain considerably fewer persons compared with the other regions. For instance, 13% of households have only two persons (presumably childless couples) compared with about 7% in other regions. Only 18% of households have five or more persons, whereas in Transylvania these households represent over 30%, in Vallachia over 37% and in Moldavia 42% of the households.

On average, a household is composed of 4.1 persons. As expected, there is a substantial difference in the average size between the urban and rural areas. The average household size of almost 5 persons in rural areas can be partially explained by higher fertility levels (see Chapter VI). The mean household size is lowest in Bucharest (3.7 persons) where a much higher proportion of single women aged 15-44 live and fertility rates are low.

The level of household crowding is another important household characteristic. Two measures of household crowding were used. One was the estimated number of persons per room. On average, there were 1.6 persons per room and no significant difference was noted between urban and rural areas. The other measurement was the number of rooms occupied by a family. Overall, 80% of families live in at most three rooms (8% in one room, 36% in two rooms and 35% in three rooms) and this proportion increases to almost 90% in urban areas (data not shown). The average number of rooms per family is 2.8 rooms. Only in rural areas is the mean number of rooms somewhat higher (3.5 rooms). Along with a number of household amenities (bathroom, flush toilet, central heating, television, video, telephone, automobile and second residence) this household characteristic was used as one variable in constructing a socio-economic index (see below).

Table 3.1.2 and Figure 3.1 displays the percent distribution of households with selected amenities by residence. Among basic services, bathroom and flush toilet are available in almost two-thirds of the households. About half of household have central heating and only 38% have a telephone. Among durable consumer goods, television is available in almost all households, whereas automobiles and VCR's in only 32 and 19%, respectively. Very few families own a vacation home or other type of second residence. The proportion of household with such amenities varies greatly between urban and rural areas and, excepting TV's and second residence, is much higher in Bucharest compared with the other regions. The greatest disparity is observed for central heating and flush toilets; households in urban areas are much more likely to have these basic services compared with rural areas -13 times and six times, respectively.

The socio-economic index was calculated by creating for each respondent a score of the amenities available in the household plus the availability of at least 4 rooms. Equal values were assigned for possesion of each of these amenities. According to this calculations, 3.5% of the households do not have a single amenity (score=0), 15% have only one, 13% have two, 7% have three, 19% have four, 18% have five, 14% have six and 11% have seven or more. The score was further divided into terciles to create three levels for me socio-economic index: low, for respondents with 0-2 amenities, medium (3-5 amenities) and high (6-9 amenities).

FIGURE 3.1
Basic Services Available in the Household, By Residence
Women 15-44 Years of Age 1993, RRHS
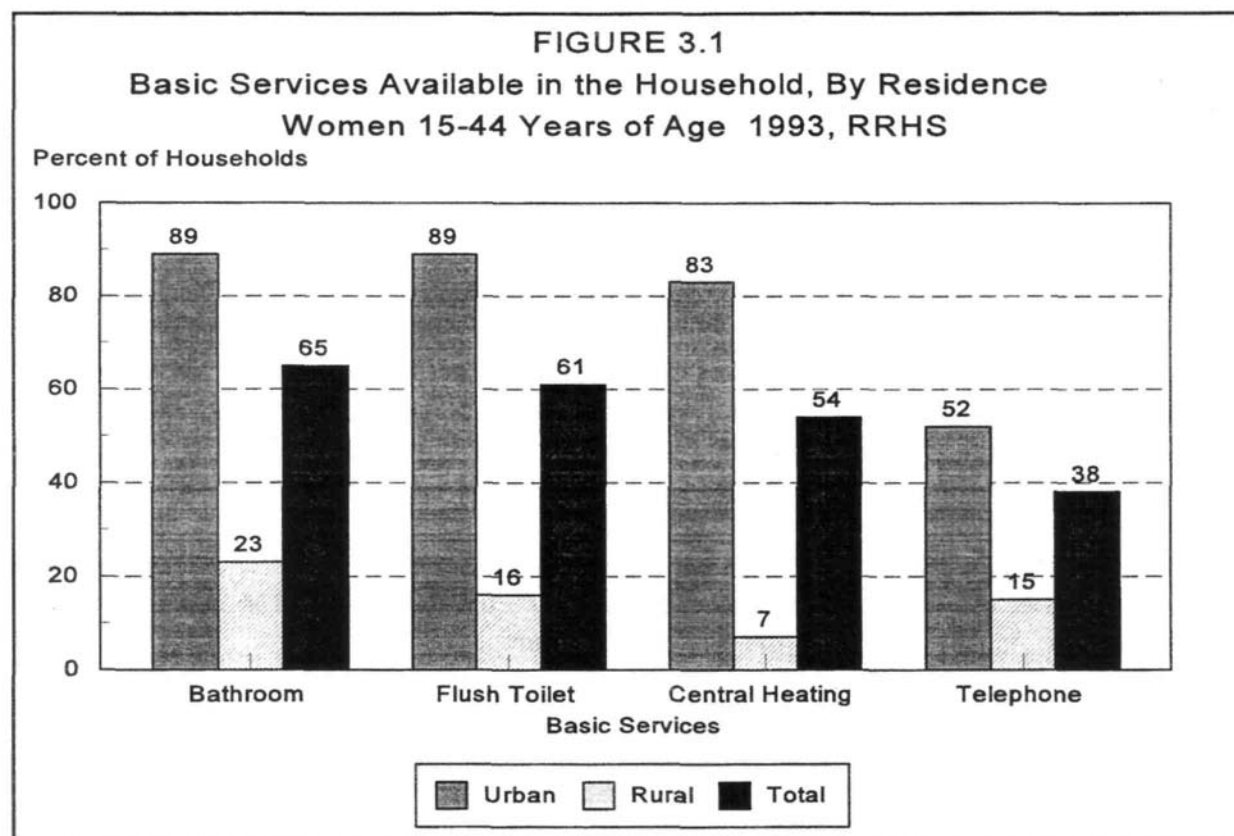
TABLE 3.1.2
Availability of Basic Services and Goods in the Households with At Least One Eligible Woman
By Residence and Region
Reproductive Health Survey: ROMANIA, 1993

		Residence		Region			
	Total	Urban	Rural	Bucharest	Vallahia	Transylvania	Moldova
Basic Services							
Bathroom	64.5	89.2	23.3	83.7	59.4	73.2	49.1
Flushing Toilet	61.4	88.9	15.6	84.5	57.1	67.4	46.8
Central Heating	54.1	82.7	6.5	81.3	49.5	56.7	42.9
Telephone	38.1	51.7	15.4	63.5	34.2	41.0	26.0
Goods							
Television	93.9	97.3	88.2	98.3	95.4	94.1	88.4
Car	31.5	37.2	22.1	43.2	29.2	37.9	19.1
Videorecorder	18.7	25.4	7.7	44.0	20.0	12.7	11.8
Second Residence	9.7	11.5	6.8	11.3	9.0	12.7	5.6
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Unweighted No. of Cases	(4,861)	(3,190)	(1,668)	(1,081)	(1,530)	(1,383)	(864)

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3.2 Characteristics of the Eligible Women

General characteristics of women with completed interviews, by residence and region, are shown in Table 3.2.1. Overall, 39% of the sample are young adults from 15 to 24 years of age. The age distribution is younger in rural areas where the young adults represent 46% of the eligible women. The same proportions were found in the 1992 census, as shown in the previous chapter.

Only 6% of women did not complete primary school. Over 40% have completed secondary school or gone to post-secondary education. Women in urban areas are more likely to have higher education than women in rural areas. The urban-rural difference is most pronunced at the postsecondary level; residents of urban areas are three times more likely to attain this level of education. By region, the highest proportion of better educated women reside in Bucharest (23 %), whereas for Vallahia, Transylvania and Moldavia this proportion is only about 10%.

As expected, fertility has been higher in rural areas. This is reflected in the 22% of rural women who have had three or more children compared with 12% in urban areas. The largest family size is observed in Moldavia (21 %) and the lowest in Bucharest (9%).

Two-thirds of women with completed interviews are currently married (63%) or live in a stable consensual union (4%). There are no important differences geographically in marital status.

Most respondents are orthodox (88%), protestants (6%) or catholics (4%), with no significant differences between the urban and rural areas or among regions; the only notable exception is Transylvania where fewer respondents are orthodox (75%) and a much higher proportion are Protestants (15%) and catholics (9%). Less than one percent declared that they have no religion. Ninety percent of respondents are ethnic Romanians, 6% Hungarians, 3% gypsies and 1% other ethnic groups. In Bucharest 97% of respondents are Romanian whereas Hungarians are more likely to reside in Transylvania (18%) and gypsies in Moldavia and Transylvania (5%).
According to socio-economic status, urban women are much more likely to be classified as medium or high socio-economic level (two times and seven times, respectively) than rural women. The highest proportion of respondents with socioeconomic status above average (50%) are living in Bucharest, whereas the lowest proportion is in Moldavia (only 15%).

In urban areas, over half (59%), and as many as two-thirds of women in Bucharest, are employed outside the household. In rural areas, only 30 percent work outside the household.

Marital status is shown for each residential area by age group in Table 3.2.2. By age 24, over 60% of women are married, in a stable consensual union or have been previously married. By age 34, this proportion rises to 99%. Women marry younger in rural areas; 17% of rural women aged 15-19 already have marital experience compared with only 10% in Bucharest and other urban areas. Marriage dissolution among older women is higher in Bucharest. A more detailed analysis of age at marriage is included in Chapter VI.

TABLE 3.2.1
General Characteristics of Eligible Women with Completed Interviews by Residence and Region
Reproductive Health Survey: ROMANIA, 1993
(Percent Distribution)

Characteristics	Total	Residence		Region			
		Urban	Rural	Bucharest	Vallahia	Transylvania	Moldova
Age Group							
15-19	21.0	19.2	23.8	18.3	22.5	17.9	24.5
20-24	18.4	15.9	22.4	15.0	18.5	18.6	19.7
25-29	14.6	14.6	14.5	15.5	15.1	14.0	13.9
30-34	14.0	15.5	11.6	13.5	12.8	16.8	12.3
35-39	17.0	19.3	13.2	21.0	16.6	18.3	13.7
40-44	15.0	15.4	14.4	16.7	14.5	14.4	15.9
Education Level							
Primary incomplete	5.8	3.6	9.6	3.0	5.3	6.9	6.7
Primary complete	20.3	16.2	27.1	13.1	20.9	17.2	28.1
Secondary incomplete	31.3	30.6	32.5	28.7	32.3	32.4	29.3
Secondary complete	31.4	34.4	26.4	32.0	32.8	32.9	26.4
Post-secondary & University	11.2	15.2	4.5	23.2	8.9	10.6	9.5
Number of Living Children							
0	36.1	36.3	35.7	40.6	35.7	33.3	38.7
1	21.5	22.9	19.2	25.7	21.8	21.5	18.4
2	27.0	29.1	23.5	24.8	28.6	29.1	22.1
3	8.7	7.0	11.5	5.2	8.5	9.9	9.1
4 or more	6.7	4.7	10.1	3.7	5.5	6.2	11.6
Marital Status							
Married	62.8	63.0	62.6	60.3	63.7	64.8	59.7
Consensual Union	4.4	4.1	4.8	5.5	4.5	4.1	4.0
Previously Married	5.3	5.6	4.7	7.7	4.7	4.8	5.8
Never Married	27.5	27.2	27.9	26.5	27.1	26.3	30.5
Religion							
Orthodox	88.2	89.3	86.3	96.3	94.1	74.0	95.4
Protestant	6.0	5.3	7.2	1.1	2.1	14.5	2.4
Catholic	3.8	4.0	3.5	1.8	0.7	9.4	1.8
Other	1.5	1.0	2.4	0.2	2.3	1.7	0.4
No Religion	0.5	0.4	0.6	0.6	0.8	0.4	0.0
Ethnic Group							
Romanian	89.6	90.3	88.5	97.1	95.8	77.0	94.3
Hungarian	5.7	5.3	6.3	0.2	0.1	17.6	0.1
Gypsy	3.3	3.2	3.6	2.0	1.4	4.7	5.3
Other	1.4	1.2	1.7	0.7	2.7	0.8	0.4
Socioeconomic Index							
Low	32.0	8.9	70.3	12.4	33.4	27.1	48.2
Medium	43.4	54.4	25.3	37.8	47.3	45.3	36.8
High	24.6	36.7	4.5	49.8	19.4	27.6	15.0
Employment							
Employed	48.2	59.1	29.6	65.1	42.6	53.3	39.6
Unemployed	51.8	40.9	70.4	34.9	57.4	46.7	60.4
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Unweighted No. of Cases	(4,861)	(3,190)	(1,668)	(1,081)	(1,530)	(1,383)	(864)

TABLE 3.2.2
Marital Status by Age Group for Eligible Women With Completed Interviews
By Residence
Reproductive Health Survey: ROMANIA, 1993
(Percent Distribution)

Residence & Age Groups	Married	Consensual Union	Previously Married	Never Married	Total	Number of Cases
Total						
15-19	7.1	3.6	1.6	87.7	100.0	(745)
20-24	50.6	7.5	3.7	38.2	100.0	(896)
25-29	82.1	3.7	5.9	8.3	100.0	(835)
30-34	87.8	5.4	5.4	1.4	100.0	(799)
35-39	86.5	2.9	8.0	2.6	100.0	(890)
40-44	86.7	3.2	8.6	1.5	100.0	(696)
Bucharest						
15-19	4.3	4.7	0.8	90.2	100.0	(139)
20-24	49.0	6.2	3.1	41.7	100.0	(172)
25-29	72.9	5.5	7.5	14.1	100.0	(191)
30-34	83.2	9.3	5.8	1.7	100.0	(168)
35-39	81.4	3.7	11.2	3.7	100.0	(242)
40-44	74.8	4.7	16.8	3.7	100.0	(169)
Other Urban						
15-19	3.2	3.2	1.6	92.0	100.0	(298)
20-24	44.1	7.7	2.4	45.8	100.0	(334)
25-29	82.2	3.0	6.2	8.6	100.0	(363)
30-34	87.4	4.8	6.1	1.7	100.0	(397)
35-39	89.0	1.4	7.4	2.2	100.0	(419)
40-44	87.7	3.3	8.0	1.0	100.0	(299)
Rural						
15-19	12.2	3.7	1.8	82.3	100.0	(308)
20-24	57.2	7.5	5.2	30.1	100.0	(390)
25-29	85.0	4.0	5.0	6.0	100.0	(281)
30-34	90.0	5.0	4.2	0.8	100.0	(234)
35-39	83.9	5.5	7.7	2.9	100.0	(229)
40-44	89.6	2.4	6.7	1.3	100.0	(228)

Table 3.2.3 presents the percent distribution of the respondents by the highest level of education attained, according to age and residence. Overall, younger women have completed higher levels of education than older women. For instance, about 60% of the respondents aged 20-24 have completed at least secondary school, compared with only 40% among respondents aged 35 or older.

As expected, women in urban areas are better educated in each age group; among women aged 20-24 residing in Bucharest or other urban areas, 73% and 67%, respectively, have at least completed high school, compared with only 50% in rural areas. The urban-rural disparity in education is

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much higher among older residents. Women over 35 are almost three times and two times, respectively, more likely to have completed at least secondary school if they are residents of Bucharest or other urban areas.

Table 3.2.3
Educational Attainment by Age Group for Eligible Women With Completed Interviews
By Residence
Reproductive Health Survey: ROMANIA, 1993
(Percent Distribution)

Residence & Age Groups	Primary	Secondary Incomplete	Secondary Complete	College& University	Total	Number of Cases
Total						
15-19	25.4	53.5	18.8	2.3	100.0	(745)
20-24	12.1	28.0	45.4	14.5	100.0	(896)
25-29	13.4	33.4	42.6	10.6	100.0	(835)
30-34	21.9	31.7	36.8	9.6	100.0	(799)
35-39	37.2	22.8	26.0	14.0	100.0	(890)
40-44	47.8	11.8	22.0	18.4	100.0	(696)
Bucharest						
15-19	13.7	59.0	24.3	3.0	100.0	(139)
20-24	2.6	24.0	39.6	33.8	100.0	(172)
25-29	10.1	25.6	43.2	21.1	100.0	(191)
30-34	14.4	26.6	39.9	19.1	100.0	(168)
35-39	21.6	24.5	24.2	29.7	100.0	(242)
40-44	30.8	9.8	26.7	32.7	100.0	(169)
Other Urban						
15-19	19.9	57.6	19.5	3.0	100.0	(298)
20-24	12.0	20.8	48.7	18.5	100.0	(334)
25-29	11.5	30.1	46.0	12.4	100.0	(363)
30-34	14.8	32.3	41.3	11.6	100.0	(397)
35-39	30.2	23.9	32.0	13.9	100.0	(419)
40-44	33.3	16.2	26.7	23.8	100.0	(299)
Rural						
15-19	34.3	47.5	16.8	1.4	100.0	(308)
20-24	14.2	35.7	43.4	6.7	100.0	(390)
25-29	16.9	40.5	37.9	4.7	100.0	(281)
30-34	37.7	32.4	27.4	2.5	100.0	(234)
35-39	58.4	19.7	15.3	6.6	100.0	(229)
40-44	74.2	6.4	13.7	5.7	100.0	(228)

CHAPTER IV

FERTILITY

One of the objectives of the RRHS was to assess the current level of reproductive behaviors, and their trends, and to identify factors which might influence their changes. In spite of being deeply private and personal matters, reproductive behaviors are important to investigate because they profoundly influence the size, structure and direction of the society and, at the same time, have important health planing implications in terms of health services needs they generate (such as family planning and maternal and child health services). The findings presented in this chapter are particularly useful in assisting policy makers and program managers to design programs which affect the reproductive behavior of the population and to tailor them for meeting the needs of key subgroups.

In order to obtain information on reproductive patterns, the questionnaire included a series of questions about marriage, sexual activity, childbearing, desired family size, a complete pregnancy history, regardless of the outcome (including use of abortion), planning status of pregnancies, a separate abortion history for the last four abortions that have occurred since January 1988, and a monthly calendar of pregnancies and contraceptive use since January 1988. In addition, detailed information regarding contraceptive knowledge, attitudes and practices were collected (see Chapter V).

4.1 Fertility Levels and Trends

Romania is a low fertility country in spite of almost 25 years of restrictive abortion and contraception legislation and a firm pronatalist policy. Legal provisions mandated in 1966 narrowed the use of induced abortion and modern contraception for very limited medical and social reasons. However, even though extreme measures were taken to enforce compliance with this law, the fertility levels in the long term were far below expectations of the government. Although fertility in the first years after the restrictive legislation was enacted reached 3.6 births per woman -more than double the 1.7 births per woman registered in 1965-1966- the total fertility rate (TFR) fell to 2.9 in 1970 and a steady decrease continued until it stabilized around 2.3 in the eighties (Figure 4.1.1). After the December 1989 revolution, one of the first decisions of the interim government was to make abortion available on request through 12 weeks of pregnancy and to eliminate abortion committees and waiting time before the procedure. Clinics have been inundated by women seeking abortions and fertility has sharply declined. As will be seen later in this chapter, the descending fertility curve closely reflects the desire of Romanian couples for a small family size and for limiting childbearing .

Figure 4.1.1
TOTAL FERTILITY RATE - ROMANIA, 1965-1992

Births per Woman

Source: Demographic Yearbooks /UN and CHS/MOH Romania
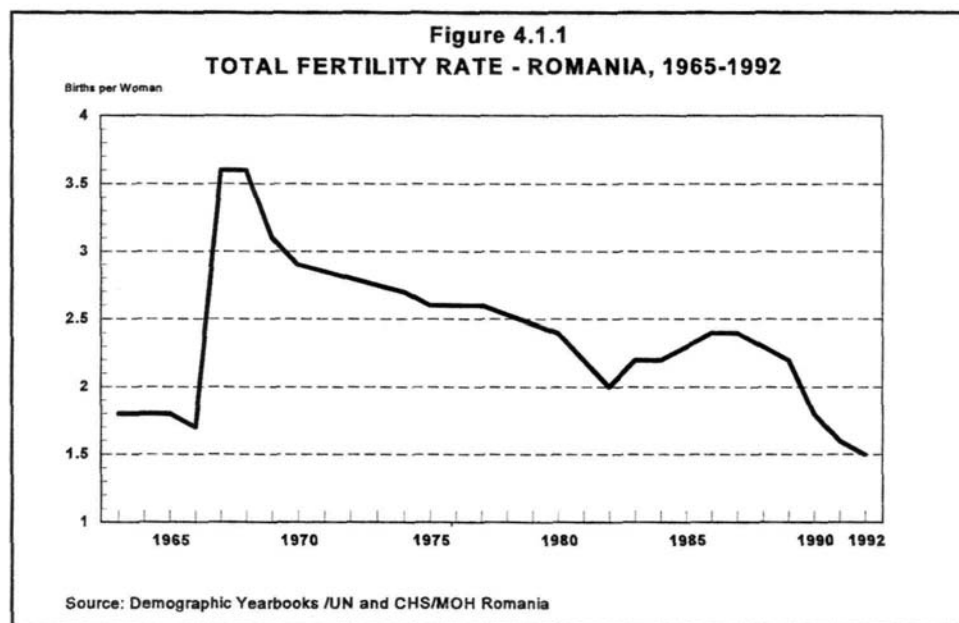
In order to estimate current fertility and changes after the restrictive abortion legislation was reversed, we calculate age specific fertility, induced abortion and pregnancy rates for two 36 month periods, June 1987-May 1990 and June 1990-May 1993. The total pregnancy rate (TPR), total fertility rate (TFR) and total induced abortion rate (TIAR) for these two periods are computed by accumulating the age specific fertility rates for each event. The TPR, TIAR and TFR can be defined as the average number of events of each type (pregnancies, births, and induced abortions) that a woman would experience during her reproductive lifetime (15-44) if she would be the subject of the currently observed age specific rates.

Numerators for the age-specific event rates were calculated by selecting pregnancy outcomes which occurred during the two 36 month periods preceding the survey and grouping them (in 5 year age groups) by the age of the mothers at the time of pregnancy outcome (calculated from the mothers' reported date of birth). The denominators for the rates represent the number of woman-years lived in each specified 5-year age group by those mothers during the two 36 month periods preceding the survey.

After 1990, the total fertility rate dropped abruptly, declining by almost one third (from 2.3 to 1.6) whereas the total abortion rate has doubled (Figure 4.1.2). Although national vital statistics show that the fertility started to decline prior to the end of 1989, this process has been more dramatic in the recent years. It is important to note that the TFR calculated from the survey data for the most recent 3-year period (1.56), is comparable with the average TFR for 1990-1992 from the most recent vital statistics estimate (TFR=1.63), available from the National Commission of Statistics (Ministerul Sanatatii, 1993).

FIGURE 4.1.2
TOTAL INDUCED ABORTION RATE (TIAR) AND TOTAL FERTILITY RATE (TFR) BEFORE AND AFTER CHANGE IN THE LEGISLATION - RRHS, 1993

FIGURE 4.1.3
AGE SPECIFIC PREGNANCY, ABORTION AND FERTILITY RATES, RRHS-1993

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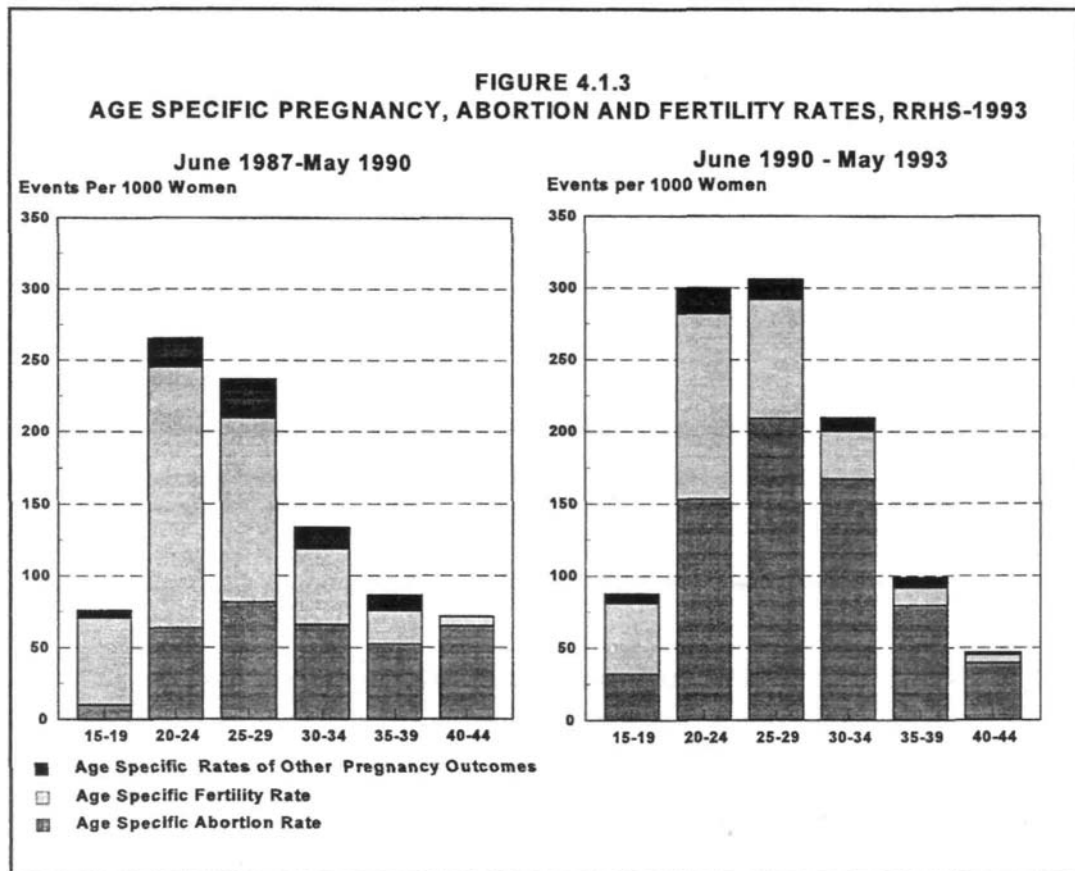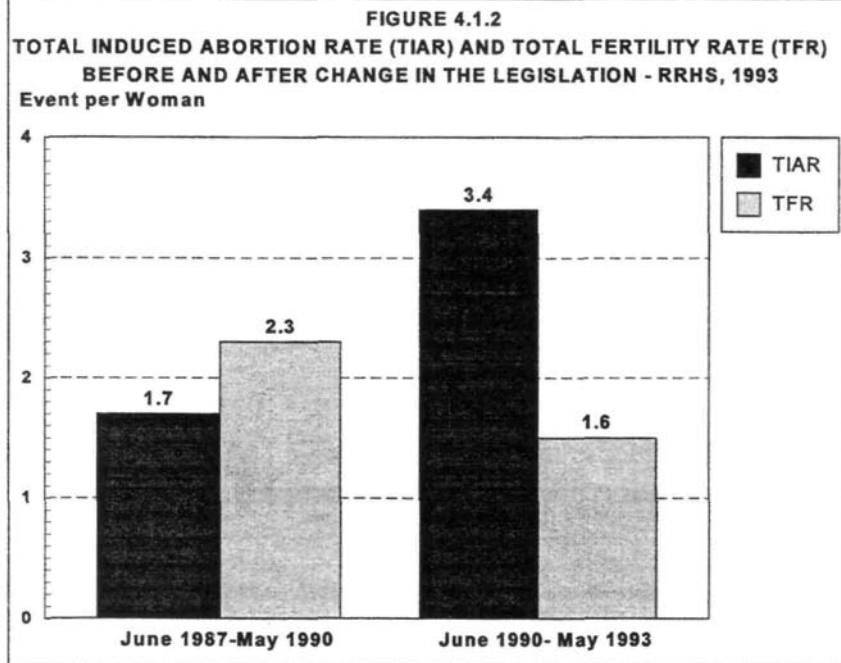
All age specific fertility rates have sharply declined, except for women aged 40-44, whose rate is very low in both periods, and teenagers, who experienced a 19 % decline (Table 4.1.1). Almost 70 percent of the TFR is contributed by women aged 20-29 in both periods of time, in spite of the considerable decrease in fertility rates for these women. Fertility trends for women under 30 years of age are particularly important in Romania, where by the age of 29, 92% of women have already given birth to their first child (Table 4.1.2).

Although the greatest decrease in fertility was experienced by women 30-34 and 35-39 years of age, their already low age specific fertility rates account for only 11% and 4%, respectively, of the overall fertility.

Table 4.1.1 also presents age specific marital fertility rates. As expected, marital fertility rates for all age groups are higher than age specific fertility rates for all women.

TABLE 4.1.1
Age Specific Fertility Rates and Age Specific Marital Fertility Rates Per 1,000 Women Aged 15-44
Before and After The Change in Legislation
Reproductive Health Survey: ROMANIA, 1993

Age at Pregnancy Outcome	Age Specific Fertility Rates		Age Specific Marital Fertility Rates *	
	1987-1990**	1990-1993***	1987-1990**	1990-1993***
15-19	61	49	363	307
20-24	182	129	262	195
25-29	128	83	133	86
30-34	53	33	54	34
35-39	23	12	23	13
40-44	6	5	6	6
Total (Per Woman)	**2.3**	**1.6**	**4.2**	**3.2**

*   Excludes births and abortions occurring before the date of first union for ever married women.
**   From June 1987 to May 1990
*** From June 1990 to May 1993

These findings are consistent with the cumulative past fertility of women interviewed in the RRHS calculated as the percent distribution of women by number of live births classified by current age of the woman at the time of the interview (Table 4.1.2). Overall, 35.7% of all women aged 15-44 had not yet had a live birth at the time of the interview, but only 11.1% of women currently in union had not had their first child.

TABLE 4.1.2
Number of Live Born Children , By Current Age of the Respondents
All Women and Women Currently in Union Aged 15-44- RRHS, 1993
(Percent Distribution)

		All Women					
Live Born Children		Age Groups (years)					
	Total*	15-19	20-24	25-29	30-34	35-39	40-44
0	35.7	94.5	56.4	16.8	8.5	6.2	5.7
1	21.1	4.3	30.0	36.5	21.8	20.5	19.4
2	26.0	1.0	10.5	32.5	39.8	43.5	40.7
3	9.3	0.2	2.6	8.3	17.7	14.7	16.8
4	4.4	0.0	0.5	3.3	5.7	7.8	11.3
5	1.9	0.0	0.0	1.4	4.2	3.4	3.3
6 or more	1.6	0.0	0.0	1.2	2.3	3.8	2.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Mean No. of Children	1.39	0.07	0.61	1.55	2.12	2.26	2.34
Unweighted Number of Cases	(4,860)	(745)	(895)	(835)	(799)	(890)	(696)

		Women in Union					
Live Born Children		Age Groups (years)					
	Total*	15-19	20-24	25-29	30-34	35-39	40-44
0	11.1	53.1	29.2	8.8	6.3	4.3	4.1
1	28.5	37.5	48.2	39.3	22.2	19.3	18.1
2	36.6	7.6	17.4	36.0	40.9	46.0	42.6
3	12.8	1.8	4.3	9.1	18.1	15.4	16.8
4	6.3	0.0	0.9	3.9	6.0	7.8	12.2
5	2.6	0.0	0.0	1.7	4.1	3.6	3.4
6 or more	2.1	0.0	0.0	1.4	2.4	3.7	2.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Mean No. of Children	1.93	0.58	0.99	1.72	2.18	2.31	2.41
Unweighted Number of Cases	(3,541)	(105)	(568)	(724)	(746)	(785)	(613)

* Excludes one woman with unknown number of liveborn children.

4.2 Fertility Differentials

[Table 4.2](#) shows differences in fertility rates by residence, education and socioeconomic status. There is a substantial difference in fertility between urban and rural residents. Urban women have, on average, almost one child less then rural women in both time periods examined. However, the differences in age specific fertility rates indicate a more abrupt decline of fertility among the younger urban residents (women aged 15-24), while for the other age groups the decline was parallel in urban and rural areas.

There is an inverse relationship between fertility and education, with the least educated women consistently reporting the highest fertility rates. Nevertheless, fertility differences according to education level have diminished in the last three years. While the TFR for women who never attended high school dropped dramatically (from 3.47 to 2.26), women who attended high school also experienced large declines in fertility, but the most educated women had minimal change in fertility.

TABLE 4.2
Age Specific Fertility Rates and Total Fertility Rates (TFR) per 1000 Women,
By Residence and Educational Level
Reproductive Health Survey: ROMANIA, 1993

| | June 1987-May 1990 | | | | | | | June 1990-May 1993 | | | | | | |
| | Age Group | | | | | | | Age Group | | | | | | |
Characteristic	15-19	20-24	25-29	30-34	35-39	40-44	TFR	15-19	20-24	25-29	30-34	35-39	40-44	TFR
Total	61	182	128	53	23	6	**2.27**	49	129	83	33	12	5	**1.56**
Residence														
Bucharest	48	131	99	43	21	0	**1.71**	31	82	86	33	6	3	**1.21**
Other Urban	57	179	117	46	12	0	**2.05**	28	110	66	25	12	0	**1.21**
Rural	68	202	159	72	39	15	**2.79**	73	162	108	49	15	14	**2.10**
Education Level														
Primary	186	233	162	71	30	12	**3.47**	114	188	95	38	11	7	**2.26**
Secondary	89	221	115	36	19	0	**2.40**	50	161	79	28	14	0	**1.66**
Secondary complete	27	172	119	50	11	0	**1.89**	22	116	78	34	8	3	**1.31**
College & Univ.	0	41	130	43	22	0	**1.18**	23	34	97	33	21	7	**1.07**
Socioec. Status														
Low	73	207	176	81	41	0	**2.89**	81	159	108	50	19	14	**2.15**
Middle	55	171	106	47	14	12	**2.02**	22	111	66	27	8	2	**1.17**
High	21	122	85	18	13	12	**1.29**	19	76	94	17	17	0	**1.11**

Overall, the difference in fertility between less educated women and the best educated women fell from 2.4 children to only 1.2 children. For the less educated women a substantial decrease can be seen in all age groups.

Socioeconomic status is also inversely related to fertility level. The highest rates are experienced by women classified as low socioeconomic status in both periods of time in spite of a 34% reduction in the TFR. The greatest decrease in fertility was experienced by women in the middle socioeconomic status category who are reporting almost the same TFR as the high socioeconomic status women, in the last three years.

4.3 Nuptiality

Marital status is an important variable since the main exposure to the risk of pregnancy occurs among women who are married or in a consensual union. At the time when the survey was carried out, two thirds of women aged 15-44 were currently married or living with a partner, 5.3% were previously living with a husband or partner but are currently separated, divorced or widowed, and 27.5% have never been married (Table 4.3). The proportion of all women who were in union starts at about 11% among adolescents, increases rapidly to 58% among women aged 20-24, reaches a maximum of 93% for women aged 30-34 and then slightly declines for older women, as a result of marital dissolution since the proportion of ever married women for these age groups is the highest. This proportion does not significantly vary by region, with the exception of Moldova, where the percentage of women in both formal and consensual union is only 64% and 30% have never been married. Consensual unions are higher among women with primary education.

The proportion of never married women decreases abruptly from almost 88% among teenagers, to 38% among women 20-24 years of age and to 8% among women aged 25-29. It also varies with the education level, being higher among better educated women, most probably because these women tend to be younger and tend to delay marriage after completing their education.

Separation, divorce and widowhood increase with age, reaching a peak of almost 9 percent among women aged 40-44, and are more common among women residing in Bucharest, who have a high level of education and who are working outside the house.

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TABLE 4.3
Current Marital Status for Women 15-44 Years of Age
By Selected Characteristics - Reproductive Health Survey: ROMANIA, 1993

| Characteristics | Marital Status | | | | | |
	Married	Consensual Union	Previously Married	Never Married	Total	Unweighted No. of Cases
Total	**62.8**	**4.4**	**5.3**	**27.5**	**100.0**	**(4,861)**
Residence						
Urban	63.0	4.1	5.6	27.2	100.0	(3,191)
Rural	62.6	4.8	4.8	27.9	100.0	(1,670)
Region						
Bucharest	60.3	5.5	7.7	26.5	100.0	(1,081)
Muntenia	63.7	4.5	4.7	27.1	100.0	(1,533)
Transylvania	64.8	4.1	4.8	26.3	100.0	(1,383)
Moldova	59.7	4.0	5.8	30.5	100.0	(864)
Age Group						
15-19	7.1	3.5	1.6	87.7	100.0	(745)
20-24	50.6	7.5	3.7	38.2	100.0	(896)
25-29	82.2	3.7	5.9	8.3	100.0	(835)
30-34	87.6	5.4	5.4	1.4	100.0	(799)
35-39	86.4	2.9	8.0	2.7	100.0	(890)
40-44	86.7	3.2	8.6	1.5	100.0	(696)
Education Level						
Primary	68.7	8.0	6.3	17.0	100.0	(1,152)
Secondary incompl.	54.2	4.1	4.3	37.7	100.0	(1,453)
Secondary complete	66.9	2.5	5.0	25.6	100.0	(1,604)
College & Univ.	61.9	2.0	7.3	28.8	100.0	(652)
Socioeconomic Status						
Low	59.2	6.8	6.2	27.8	100.0	(1,610)
Medium	65.1	3.2	5.3	26.4	100.0	(2,624)
High	63.2	2.5	2.6	31.7	100.0	(627)
Employment						
Employed	77.5	3.1	6.8	12.7	100.0	(2,572)
Unemployed	49.3	5.6	3.9	41.1	100.0	(2,289)

4.4 Age at First Intercourse, Union and Birth

Table 4.4.1 presents information on age at first sexual relation, first union and first birth for all women, by current age for different age group cohorts. The overall and the cohort median age for each event is also displayed. The median age represents the age by which 50% of women in a cohort (age group) have experienced the event. Age at first intercourse and age at first union are usually regarded as proxy measures for the beginning of a woman's exposure to the risk of pregnancy. If these events are delayed, the number of years a woman will be exposed to the risk of pregnancy is diminished. Age at first birth is also an important fertility indicator since postponing the first birth might contribute to the decline of total fertility rate.

In Romania sexual abstinence before marriage was, and still is, a common practice, mostly dictated by a strong tradition which values chastity before marriage and condemns pregnancies out of wedlock (See Chapter IX). Therefore, the proportion of women who ever had a sexual relation is only 3 percentage points higher than the proportion of women ever in union and the median age at first intercourse for all women is 20.2 years, only 2.4 months lower than the median age at first union (20.4 years).

If we compare different cohorts at different ages of initiation of sexual activity and union, we could determine wheather or not the age of onset of these events has been changing over time. Both age at first intercourse and at first union are similar for different cohorts, excepting the cohort of women aged 20-24 years. For example, among women currently aged 20-24, 44% became sexually active and 38% began their first union before their 20th birthday whereas among women currently aged 35 or older, about 49% and 47%, respectively, did so.

Table 4.4.1 also shows that all but one age cohort have about the same median age at first intercourse and at first union. The only cohort with a longer interval between the onset of sexual activity and the first union is represented by women aged 20-24 years for whom the median age at first intercourse is 6 months lower than the age at first union. Overall, half of these women initiated sexual activity by age 20.5 years and began their first union by age 21.0. This finding might signal a transition in sexual behaviors toward delaying the first union resulting in a greater difference than seen in the other age groups.

Also, age at first birth did not change much until recently. More than a fourth of Romanian women currently aged 25 or older had their first birth before reaching the age 20 and only about a fourth had it postponed after age 25. About 90% of them had their first child before reaching the 30th anniversary (not shown). The median age at the first birth for these age groups is very similar (ranging from 21.7 to 22.2) and is two years higher than the median age of first sexual relation.
However, women aged 20-24 are clearly less likely to follow this pattern since only 20% had their first live birth before the age 20 and their median age for this event is 23.4, more than three years later than the median age at first intercourse.

TABLE 4.4.1

Percent of Women 15-44 Years of Age Who Had Their First Sexual Relation, First Union and First Birth Before
Reaching Selected Ages, By Current Age
Reproductive Health Survey: ROMANIA 1993

Current Age	Age at First Sexual Relation					Ever Had Relations	Never Had Relations	Median Age	Number of Cases (Unweighted)
	≤ 15	≤ 18	≤ 20	≤ 22	≤ 25				
15-19	2.9	(16.8)	(28.5)	NA	NA	16.0	84.0	NA	(741)
20-24	1.6	18.6	43.5	(67.7)	(80.5)	69.8	30.2	20.5	(888)
25-29	3.3	20.6	48.2	74.8	91.8	95.5	4.5	20.1	(828)
30-34	2.4	21.4	52.2	75.5	92.2	99.6	0.4	19.9	(792)
35-39	2.2	19.2	48.7	74.2	91.2	98.1	1.1	20.1	(877)
40-44	1.9	21.7	47.5	68.4	89.7	99.5	0.5	20.2	(697)
Total	**2.4**	**19.7**	**47.2**	**71.7**	**90.3**	**75.7**	**24.3**	**20.2**	**(4,823)***

Current Age	Age at First Union					Ever In Union	Never In Union	Median Age	Number of Cases (Unweighted)
	≤ 15	≤ 18	≤ 20	≤ 22	≤ 25				
15-19	2.0	(12.8)	(21.2)	NA	NA	12.0	88.0	NA	(740)
20-24	1.5	15.9	38.1	(60.1)	(73.2)	61.2	38.8	21.0	(890)
25-29	3.0	19.8	46.6	71.9	88.1	91.6	8.4	20.2	(832)
30-34	2.3	19.9	49.7	73.5	91.1	98.6	1.4	20.0	(798)
35-39	1.9	18.2	46.0	71.6	88.7	97.3	2.7	20.3	(884)
40-44	1.9	21.3	46.7	68.3	88.6	98.5	1.5	20.3	(702)
Total	**2.1**	**17.9**	**44.0**	**68.3**	**87.2**	**72.4**	**27.6**	**20.4**	**(4,846)***

Current Age	Age at First Live Birth					Ever Had Birth	Never Had Any Birth	Median Age	Number of Cases (Unweighted)
	≤ 15	≤ 18	≤ 20	≤ 22	≤ 25				
15-19	0.1	(5.1)	(11.3)	NA	NA	(5.6)	94.4	NA	(742)
20-24	0.2	6.2	20.1	(39.2)	(54.5)	(43.9)	57.0	23.4	(892)
25-29	0.8	8.5	28.4	51.2	73.3	83.1	16.9	21.9	(836)
30-34	0.6	8.0	27.0	53.3	77.8	91.5	8.5	21.7	(801)
35-39	0.3	6.3	27.1	57.2	77.2	93.6	6.4	21.9	(885)
40-44	0.9	7.5	25.1	48.3	73.1	94.3	5.7	22.2	(702)
Total	**0.4**	**6.9**	**24.9**	**48.2**	**73.8**	**64.2**	**35.8**	**22.2**	**(4,858)***

( ) Exposed time is partially truncated
NA Not Applicable
* Exclude 38 cases that did not report date of first sexual relation, 15 cases that did not report date of first union and 3 cases that did not report date of first birth.

FIGURE 4.4.1
AGE AT FIRST SEXUAL RELATION, FIRST UNION AND FIRST BIRTH, BY CURRENT AGE- RRHS,1993
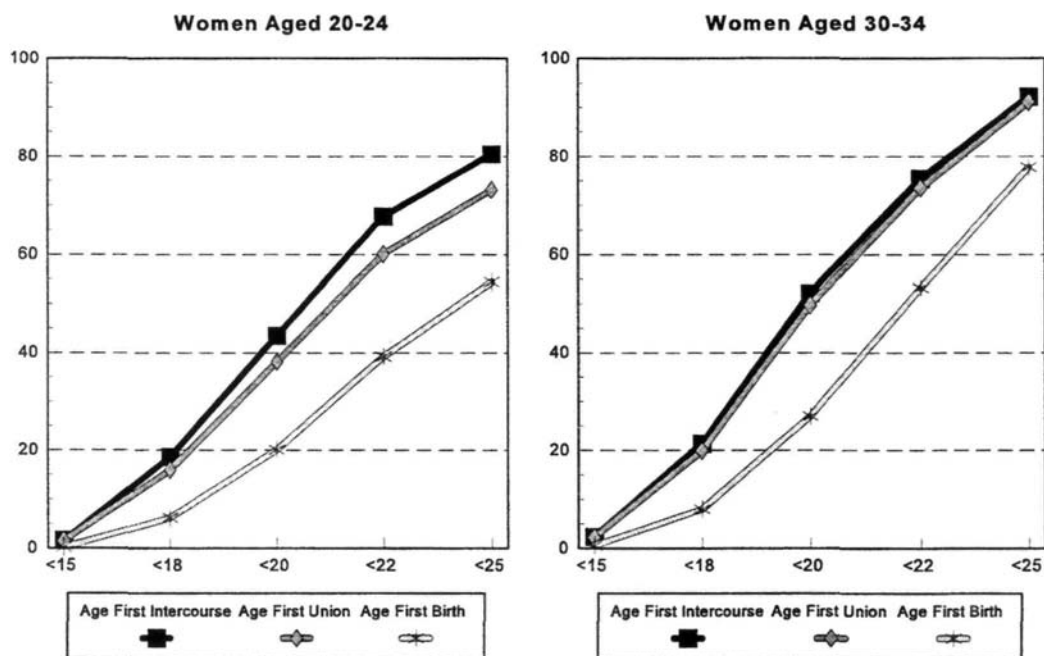
Differentials in the median age at first intercourse, first union and first birth by selected characteristics are shown in Table 4.4.2. Urban women initiate sexual activity, union and childbearing at a slightly older age than rural women. The median age at first intercourse, first union and first birth are delayed one year for women residing in urban settings than for women living in rural areas. The median age at first birth for women residing in Bucharest is postponed even further (two years). Also, the intervals between these events are longer for urban women than for rural residents, contributing to the decrease in fertility rates for urban women.

Differentials in median age of experiencing these events are even greater for different levels of education. If the highly educated women are compared with those with primary education a significant delay in the onset of these events can be observed (4 years for onset of sexual relations, 5 years for starting the first union and 6 years for the onset of childbearing).

There are also smaller differentials between different socioeconomic levels, women with a higher level having later onset of these events.

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TABLE 4.4.2
Median Age at First Sexual Intercourse, First Union and First Birth of All Women Aged 15-44,
By Selected Characteristics
Reproductive Health Survey: ROMANIA, 1993

Characteristics	Median Age at First Sexual Intercourse	Median Age at First Union	Median Age at First Birth
Total	**20.2**	**20.4**	**22.2**
Residence			
Bucharest	20.6	21.0	23.6
Other Urban	20.5	20.8	22.5
Rural	19.6	19.8	21.4
Education Level			
Primary	18.4	18.6	20.2
Secondary Incomplete	19.6	19.8	21.3
Secondary Complete	21.0	21.3	23.1
College & University	22.8	23.5	26.2
Socioeconomic Index			
Low	19.4	19.6	21.2
Medium	20.5	20.7	22.5
High	21.1	21.6	23.8

FIGURE 4.4.2
MEDIAN AGE AT FIRST SEXUAL RELATION, FIRST UNION AND FIRST BIRTH BY EDUCATIONAL LEVEL - RRHS,1993
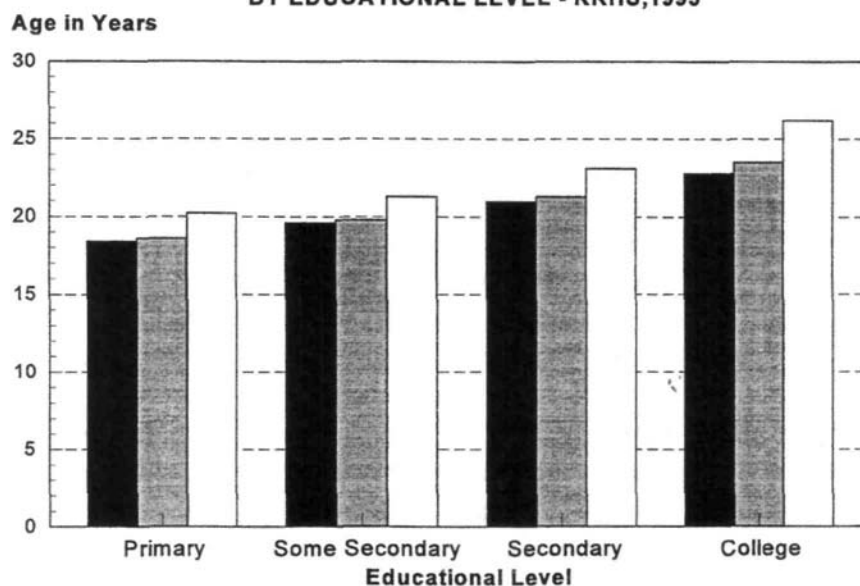
4.5 Recent Sexual Activity

In Table 4.5.1 information on sexual activity status is presented by marital status. More than three percent of all women were either pregnant or in postpartum abstinence at the time of the interview and were not included in the analysis of recent sexual activity.

TABLE 4.5.1
Sexual Activity Status By Marital Status
All Women Aged 15-44 - Romania Reproductive Health Survey, 1993
(Percent Distribution)

| | | | Marital Status | |
| | | Married/ | Previously | Never |
Sexual Activity Status	Total	In Union	Married	Married
Never Had Intercourse	24.0	0.0	0.0	87.2
Currently Pregnant	2.6	3.9	0.0	0.0
Postpartum Abstinence[*]	0.8	1.3	0.7	0.0
Last Sexual Intercourse				
Within the Last Month	60.0	84.6	22.8	6.7
1-2 Months	2.4	2.6	5.5	1.3
3-11 Months	2.7	1.4	22.4	2.1
One Year or Longer	3.3	0.6	43.2	2.3
One Month or Longer-Unknown Interval	4.2	5.7	5.4	0.4
Total	100.0	100.0	100.0	100.0
Number of Cases (Not Weighted)	(4,861)	(3,542)	(277)	(1,042)

* Women who delivered within three months of being interviewed and are not sexually active.

Overall, 76 percent of women reported sexual experience but this proportion drops to 13 percent among never married women. Not all women who have had intercourse are currently sexually active (in the last month). Only 60 percent of all women 15-44 had sexual relations within the last month; that means, 79 percent of sexually experienced women were currently sexually active. Current sexual activity is highly influenced by marital status; among currently married women, 85 percent reported at least one sexual relation within the last month whereas only 23 percent of previously married women and 7 percent of never married said so. Therefore, women who are currently in union constitute 96% of those clasified as currently sexually active.   Most of the

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currently in union constitute 96% of those classified as currently sexually active. Most of the formerly married women (72%) had their last intercourse 3 or more months ago but most of sexual experienced never married women (63%) had their last intercourse within the last two months.

Table 4.5.2 shows that, among currently in union women, the proportion of currently sexual active may vary by background characteristics but this differences are not significant. The single notable exception is for the youngest subgroups (15-24) and for nulliparous women most likely because a larger proportion of them are pregnant or in postpartum abstinence.

Among women currently in union who reported sexual activity in the last 4 weeks, the average number of sexual relations was 7. The coital frequency diminishes with age and number of living children. Both these variables are correlated with duration of marriage which is an important determinant of coital frequency.

FIGURE 4.5
SEXUAL ACTIVITY STATUS - ALL WOMEN IN UNION AGED 15- 44
RRHS, 1993

Pregnant/Postpartum 3.4%

Not Currently Sexual Active 12.6%

Never Had Sexual Activity 24.0%

Currently Sexual Active 60.0%
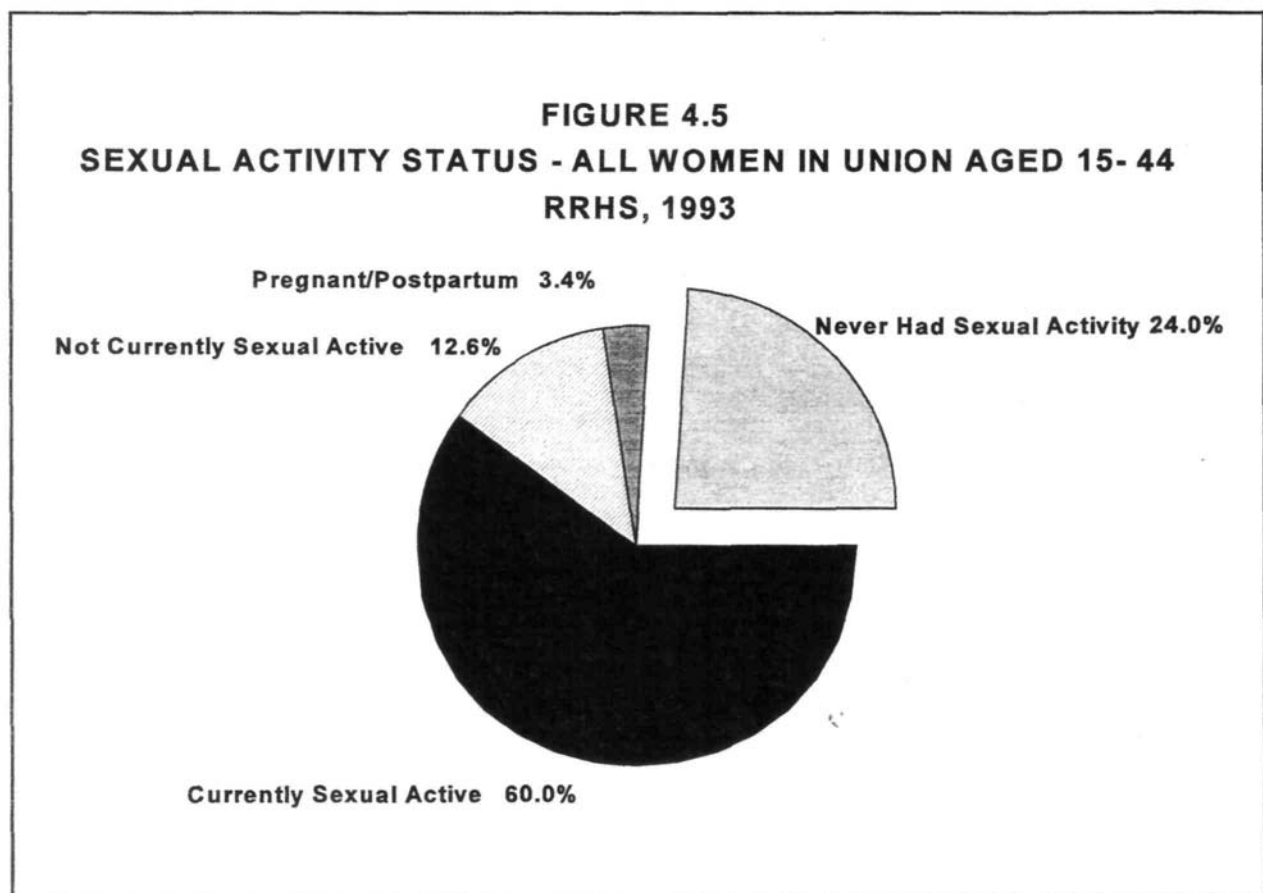
TABLE 4.5.2
Sexual Activity Status (Percent Distribution) and Average Coital Frequency in the Last 4 Weeks
For Women in Union Aged 15-44
By Selected Characteristics - Reproductive Health Survey: ROMANIA, 1993

| Characteristics | Sexual Activity Status | | | | Average Coital Frequency in the Last 4 Weeks | Unweighted Number of Cases |
	Within the Last 4 Weeks	More Then One Month Ago	Pregnant or Postpartum Abstinence	Uneighted Number of Cases		
Total	**84.6**	**10.3**	**5.1**	**(3,542)**	**7.0**	**(2,843)**
Residence						
Urban	86.6	9.6	3.8	(2,312)	7.1	(1,881)
Rural	81.4	11.5	7.1	(1,230)	7.1	(962)
Region						
Bucharest	86.3	9.7	4.0	(764)	7.3	(611)
Muntenia	84.7	10.2	5.1	(1,148)	7.2	(952)
Transylvania	84.2	11.3	4.5	(1,029)	6.9	(792)
Moldova	84.3	9.4	6.3	(601)	7.1	(488)
Age Group						
15-19	59.7	12.5	27.8	(105)	9.7	(75)
20-24	75.9	7.8	16.3	(569)	8.5	(429)
25-29	86.0	8.8	5.2	(724)	7.7	(599)
30-34	88.3	9.6	2.1	(746)	7.1	(613)
35-39	88.7	10.8	0.5	(785)	6.7	(633)
40-44	86.5	13.3	0.2	(613)	6.9	(494)
Education Level						
Primary	82.3	13.4	4.3	(940)	6.1	(722)
Secondary incompl.	83.9	10.2	5.9	(972)	7.1	(783)
Secondary complete	85.8	8.1	6.1	(1,202)	7.6	(986)
College & University	89.7	8.6	1.7	(428)	7.4	(352)
No. of Living Children						
0	72.8	9.4	17.8	(442)	9.3	(348)
1	84.5	8.8	6.7	(1,092)	7.3	(878)
2	89.3	9.3	1.4	(1,319)	6.6	(1,088)
3	80.7	17.1	2.2	(398)	6.1	(299)
4+	86.0	11.3	2.7	(290)	6.2	(229)
Socioeconomic Status						
Low	80.4	11.0	8.6	(1,123)	7.1	(877)
Medium	86.8	9.5	3.3	(1,971)	7.2	(1,605)
High	86.3	10.6	3.1	(448)	6.9	(361)

4.6 Planning Status of the Last Pregnancy

For each pregnancy outcome after 1987, women were asked a series of questions to determine whether the pregnancy was planned (desired at the time it occurred), mistimed (wanted at a later time) or unwanted. Mistimed and unwanted pregnancies together are classified as unintended pregnancies (Westoff, 1976). The respondents were asked to recall accurately their thoughts at the moment they found out about their pregnancy. Although some reluctance in reporting induced abortion was observed and postpartum rationalization might occur, many women were clearly willing to report unwanted conceptions.

Table 4.6 shows the percent distribution of the reported planning status for the last pregnancy, in the last five years, for women in union by selected characteristics. Only 36% of women said their most recent pregnancy was planned, whereas 10% report it as mistimed and 51 % unwanted. Thus, almost two thirds of women reported unintended pregnancies at the time of conception.

There is a significant difference in the planning status of last pregnancy between urban and rural residents. Almost 70% of women living in Bucharest or other urban areas reported unintended pregnancies compared with 55% of women in rural areas (p<0.01).

The planning status of the most recent pregnancy is strongly correlated with pregnancy outcome. Almost 80% of women whose last pregnancy resulted in a live birth say the conception was planned, 6% mistimed, and 11% unwanted. As expected, almost all women whose last pregnancy ended in induced abortion declared the pregnancy to be unintended (96%). It should be noted that a relatively high proportion of women whose last pregnancy ended in miscarriage or stillbirth had reported it as an unwanted conception (30%), almost three times the proportion of women who are currently pregnant or women with live births who reported an unwanted pregnancy. One can only speculate that some of these outcomes may have been induced abortions reported as spontaneous abortions or stillbirths.

The proportion of women with unwanted pregnancies increased with increasing numbers of living children and with age. The proportion rises abruptly from 4% of childless women to 28% of women with one child, who said they did not want their last pregnancy, to more than 70% of the women with three or more children. The same pattern can be seen when the planning status of the last pregnancy is correlated with age--from 8% of women aged 15-19 years who reported that the last pregnancy was unwanted to more than 78% of women aged 35 or more. Childless women and women with one child are much more likely to have mistimed pregnancies. Among younger women, spacing failures are also more common. From 14 to 20 percent of younger women report spacing failure; this proportion drops abruptly —to 4% or less--among women aged 30 years or more, probably because few of these women want any more children.

Education level does not show a strong relationship with planning status for the last pregnancy. However, almost two-thirds of women with primary education report that their last pregnancy was unwanted. Better educated women report higher levels of mistimed pregnancies. The proportion

of women, who declared their last pregnancy to be mistimed, increases from 3% for less educated women to 15% for women with higher education. Since better educated women tend to be younger, they are more likely to have not completed their desired childbearing and are at greater risk of having a higher level of mistimed pregnancies. The final analysis of the determinants of unintended pregnancies will have to be accomplished by multivariate analysis.

TABLE 4.6
Planning Status of the Last Pregnancy By Selected Characteristics
Women in Union Aged 15-44 With at Least One Pregnancy in the Last 5 Years
Reproductive Health Survey: ROMANIA, 1993
(Percent Distribution)

| Characteristics | Planning Status | | | | | |
	Planned	Mistimed	Unwanted	Unknown	Total	No. of Cases
Total	**36.4**	**9.8**	**50.8**	**3.0**	**100.0**	**(2,178)**
Residence						
Bucharest	29.7	13.1	56.4	0.8	100.0	(475)
Other Urban	31.2	9.3	56.2	3.2	100.0	(900)
Rural	44.6	9.4	42.6	3.4	100.0	(803)
Pregnancy Outcome						
Live Birth	78.9	5.9	10.2	5.0	100.0	(752)
Currently Pregnant	70.8	12.1	11.1	6.0	100.0	(142)
Spontaneous Ab/SB/EP	58.0	4.1	27.4	10.5	100.0	(115)
Induced Abortion	2.8	12.6	83.9	0.7	100.0	(1,169)
Age Groups						
15-19	75.1	15.4	8.3	1.2	100.0	(75)
20-24	55.0	20.1	21.1	3.8	100.0	(483)
25-29	40.7	13.8	41.9	3.6	100.0	(600)
30-34	27.5	4.3	65.9	2.3	100.0	(513)
35-39	17.6	0.7	78.4	3.3	100.0	(340)
40-44	16.6	0.2	81.7	1.5	100.0	(167)
Education Level						
Primary	28.9	3.1	65.3	2.7	100.0	(516)
Secondary incompl.	40.5	10.2	46.2	3.1	100.0	(662)
Secondary complete	41.2	12.9	43.3	2.6	100.0	(771)
College & University	29.1	15.3	51.5	4.1	100.0	(229)
No. of Living Children*						
0	62.9	27.6	3.9	5.7	100.0	(168)
1	51.3	18.6	27.7	2.4	100.0	(741)
2	28.6	3.7	65.6	2.1	100.0	(796)
3	19.9	1.4	74.3	4.4	100.0	(256)
4+	18.2	1.6	75.8	4.4	100.0	(216)
Socioeconomic Index						
Low	42.7	9.7	44.9	2.7	100.0	(858)
Medium	32.0	9.9	54.5	3.6	100.0	(1,129)
High	31.2	9.8	57.7	1.3	100.0	(191)

*/ Includes Current Pregnancy

4.7 Changes in Planning Status of Pregnancies

In order to study changes in the planning status of pregnancies associated with changes in legislation, we asked the same question with three options for all pregnancies that occurred in the last five and one half years, regardless of the outcome or the woman's marital status. Table 4.7 shows a comparison of the planning status of pregnancies ended after the change in legislation with that of pregnancies ended between January 1988-May 1990. Several changes in planning status are notable. Overall, both mistimed and unwanted pregnancies increased by about one-third, yielding a proportion of 67% unintended pregnancies after the legislation was changed, compared with 51% before the repeal of the abortion law ($p < 0.01$); planned pregnancies dropped from 49% to 33%.

TABLE 4.7
Planning Status of All Pregnancies Reported by All Women Aged 15-44
With at Least One Pregnancy in the Last 5 Years,
By Selected Characteristics; Reproductive Health Survey: ROMANIA, 1993
(Percent Distribution)

Characteristics	1988-1990*			1990-1993**		
	Planned	Mistimed	Unwanted	Planned	Mistimed	Unwanted
Total	**49.0**	**9.7**	**41.3**	**32.5**	**12.7**	**54.8**
Residence						
Bucharest	36.8	12.1	51.1	25.1	18.5	56.4
Urban	52.4	9.3	38.3	29.2	12.7	58.1
Rural	57.2	7.3	35.5	41.0	11.1	47.9
Pregnancy Outcome						
Live Birth	81.3	6.4	12.3	86.0	6.0	8.0
Miscarriage/SB/EP	71.7	7.8	20.5	74.3	3.9	21.8
Induced Abortion	3.4	14.2	82.4	3.7	16.6	79.7
Age Group						
15-19	75.8	15.5	8.7	57.3	24.5	18.2
20-24	59.5	15.9	24.6	46.1	21.7	32.2
25-29	49.4	8.2	42.4	28.8	10.5	60.7
30-34	30.7	2.0	67.3	15.5	2.6	81.9
35-44	20.9	1.4	77.7	12.1	0.7	87.2
Education Level						
Primary	43.6	5.1	51.1	25.6	4.8	69.6
Secondary incompl.	53.6	9.7	36.7	35.1	14.3	50.6
Secondary complete	52.1	11.7	36.2	36.0	17.0	47.0
Postsecondary & Univ.	41.9	18.0	40.1	31.9	16.4	51.7

SB=Stillbirth EP=Ectopic pregnacy
* From January 1988 to May 1990
** From June 1990 to May 1993
Note: Age groups refer to the age of the woman at the time of pregnancy outcome.

The residence differentials are important in both periods. Bucharest residents consistently reported the highest proportion of unintended pregnancies (63% and 75%), but more striking is the rapid increase in unintended pregnancies among other urban women (from 48% to 71%) and among rural women (from 43% to 59%).

According to pregnancy outcome, the proportion of live births reported as unwanted pregnancies fell from 12% to 8% after the repeal of the restrictive law. The planning status of pregnancies ending in induced abortion doesn't change; almost all of these pregnancies (96%) were unintended.

It should also be noted that a relatively high proportion of women whose pregnancy ended in miscarriage or stillbirths in both periods had reported it as an unwanted conception (21 %); this percentage is almost three times that of women with live births who reported an unwanted pregnancy after the change in legislation. One can only speculate that some of these outcomes may have been induced abortions reported as spontaneous abortions or stillbirths.

Pregnancies declared as unwanted by the youngest women (15 to 19) have more than doubled in the last 3 years, those unwanted by women aged 20 to 34 have increased by more than 40%, whereas unwanted pregnancies reported by older women (aged 35 to 44 years) increased only by 12%. The least educated women consistently reported the highest level of unwanted pregnancies (49% and 68%) whereas women with higher education are more likely to report higher proportion of mistimed pregnancies.

TABLE 4.8
Average Pregnancies per Woman by Planning Status and Pregnancy Outcomes
Before and After the Change in Legislation,
Reproductive Health Survey: ROMANIA, 1993

| | January 1988- May 1990 | | | | June 1990-May 1993 | | | |
	Total Rates	Intended Pregnancy	Unintended Pregnancy	Ratio Unintended/TPR	Total Rates	Intended Pregnancy	Unintended Pregnancy	Ratio Unintended/TPR
Total	4.2*	2.0	2.2	52.4	5.2*	1.7	3.5	67.3
Pregnancy Outcomes								
Livebirths	2.2**	1.7	0.5	22.7	1.6**	1.4	0.2	13.3
Abortions	1.7***	0.1	1.6	94.1	3.4***	0.1	3.3	97.1
Other	0.3	0.2	0.1	33.3	0.2	0.2	0.0	0.0

*   Total Pregnancy Rate (TPR)
**   Total Fertility Rate (TFR)
*** Total Induced Abortion Rate (TIAR)

4.8 Unplanned and Unwanted Pregnancy Rates

Table 4.8 presents the intended and unintended components of the total pregnancy rate (TPR), total fertility rate (TFR), total induced abortion rate (TIAR) and total rate of other pregnancy outcomes during the same two periods of time using the information on planning status for pregnancies ending after 1987 and before June 1993. In addition, the ratios of unintended rates to the total rates for each pregnancy outcome was calculated. Overall, the unintended pregnancy rate had increased from 2.2 to 3.5 pregnancies per woman leading to a striking level of unintendeness for two thirds of pregnancies occurring in the last three years compared with the already high level of 52% before the change in legislation. The increase is due to a surge in the unwanted pregnancy rate (data not shown) from 1.6 to 2.9 pregnancies per woman, whereas there is no difference in the mistimed component of unintended pregnancy rate. In the last three years, the unintended pregnancies, especially those unwanted, almost always end in induced abortion and unintended births are infrequent events; only 13% of live births were reported as unintended, either mistimed or unwanted. These findings contrast with the previous period when almost a quarter of live births were unintended. Since me mistimed component of the birth rate remained basically unchanged, 7% and 8%, respectively, most of these unintended births that occurred in the past were unwanted; thus, the new legislation had an important impact in averting unwanted births. Unfortunately, this is achieved by heavy reliance on abortion instead of an increase in the use of effective contraception.

A common indicator of fertility preferences is represented by the wanted fertility rate (Bongaarts, 1990). The wanted fertility rate was calculated for the last three years preceding the survey in the same manner as regular fertility rate, except that only wanted pregnancies, either planned or mistimed, ending in live births were included in the numerator.

This estimate is used for approximating the extent to which fertility would be reduced if women were completely successful in averting unwanted births. Wanted fertility rate is defined as the level of fertility that theoretically would result if all unwanted births were prevented. The total wanted fertility rate (TWFR) represents the number of wanted births a woman would have by the age of 44 given present age-specific wanted fertility rates. Therefore, if the TWFR is compared with the actual TFR, the potential demographic impact of averting unwanted births can be estimated.

Figure 4.8 presents a comparison of total wanted fertility rates arid total fertility rates by residence and by education after the abortion legislation was changed. The comparison underlines that women will bear very few unwanted births if they continue to give birth at the level of the last three years.

According to the survey data, if unwanted births did not occur, the total fertility rate in Romania would be 1.4 per woman instead of 1.6, the actual figure for the three-year period before the survey. Thus, through the use of abortion, Romanian women have largely succeed in attaining their fertility aspirations and this practice is likely to continue unless modern contraceptive use

FIGURE 4.8
TOTAL FERTILITY RATES AND TOTAL WANTED FERTILITY RATES
BY RESIDENCE AND EDUCATIONAL LEVEL - RRHS,1993

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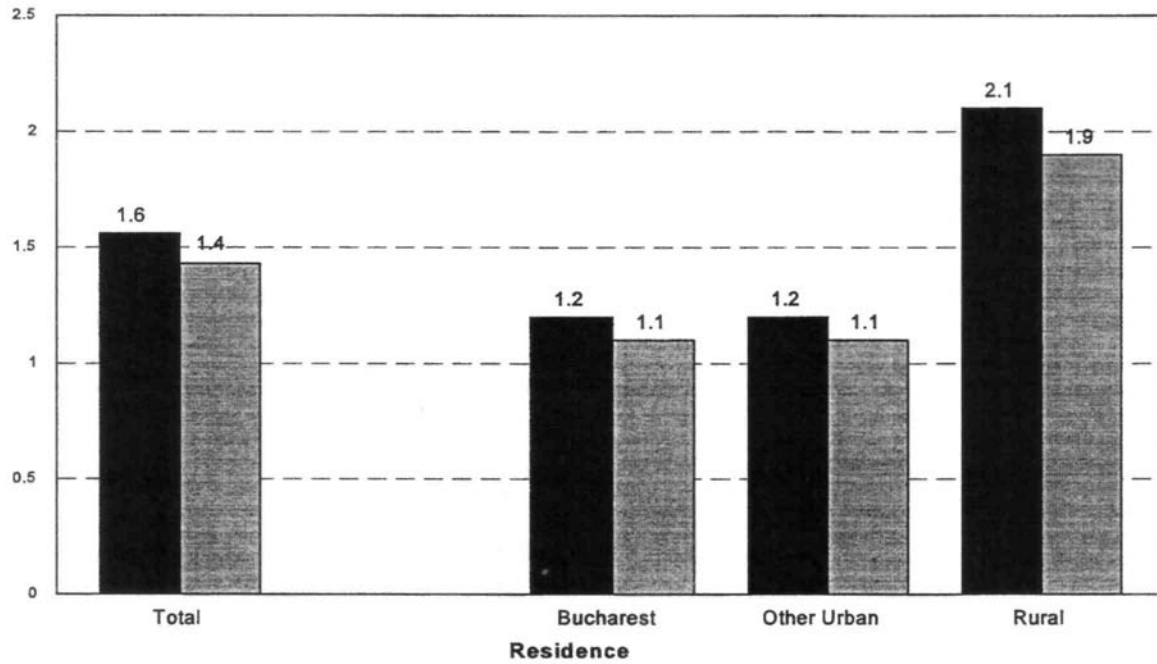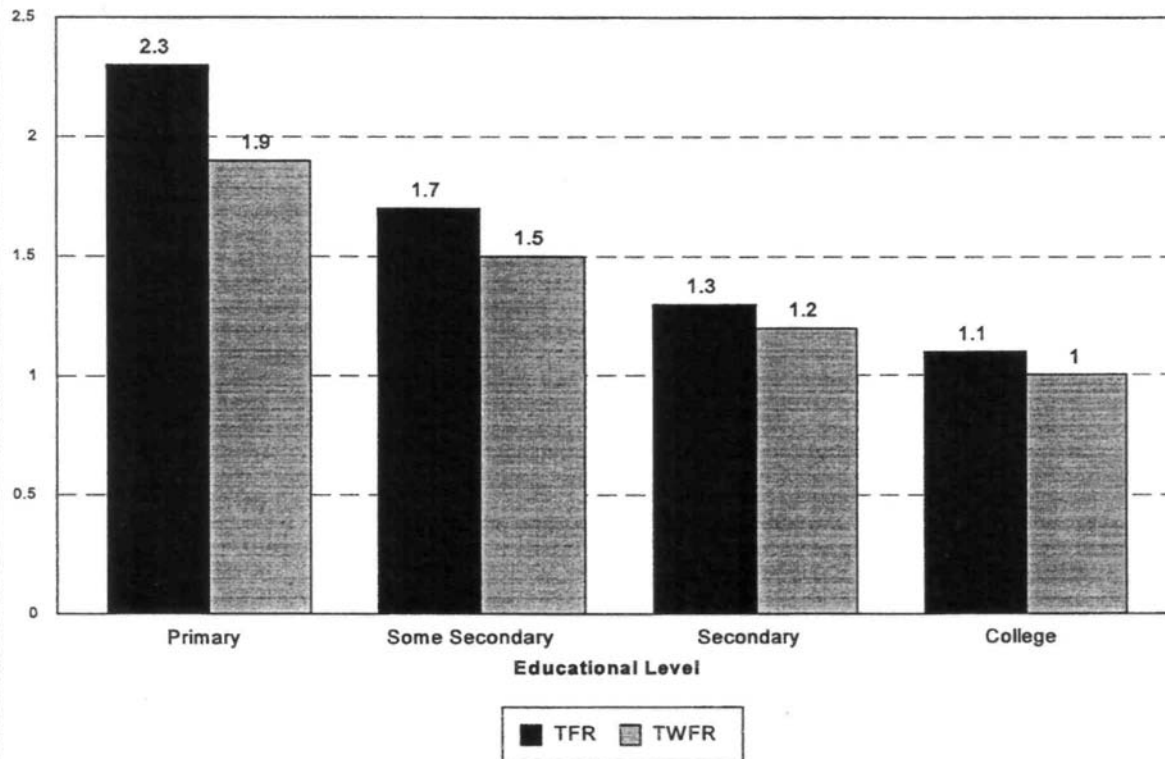
will substitute abortion in regulating fertility. The figure also shows that, regardless of the place of residence or level of education, the gap between the TWFR and TFR is very narrow. The largest gap is notable for rural women and women with the lowest educational level, indicating that these women are less successful in achieving their fertility goals.

4.9 Desire for Additional Children

The respondents in me RRHS were asked about future fertility preferences and ability to get pregnant. Table 4.9.1 shows the distribution of women currently in union by desire for additional children according to the number of living children and by age group. Only 10% of these women desired a child in me near future (within two years).

The figures in the last column indicate that almost 60% of women in union do not want to have any more children, and 5 % want to wait at least two years before having another child;

TABLE 4.9.1
Fertility Preferences of Women In Union 15-44 Years of Age,
by Number of Living Children and by Age Group
Reproductive Health Survey: ROMANIA, 1993
(Percent Distribution)

Desire for children	Number of Living Children[1]					Total
	0	1	2	3	4+	
Want a Child Soon[2]	41.9	16.7	2.5	0.7	1.7	10.1
Want a Child Later[3]	14.6	12.1	0.8	0.4	0.3	5.4
Want a Child NS When	4.2	6.4	0.8	1.1	0.9	2.8
Undecided	1.2	6.3	2.8	2.3	3.2	3.7
Want No More Children	5.6	42.2	75.5	74.4	72.3	58.5
Subfecund/Infecund	32.1	16.4	17.6	21.1	1.5	19.5
Total	100.0	100.0	100.0	100.0	100.0	100.0
Unweighted Number of Cases	(368)	(1,123)	(1,350)	(404)	(296)	(3,541)

Desire for children	Age of Women						Total
	15-19	20-24	25-29	30-34	35-39	40-44	
Want a Child Soon[2]	28.1	26.7	17.4	5.8	1.7	1.4	10.1
Want a Child Later[3]	21.4	22.5	5.0	0.8	0.0	0.0	5.4
Want a Child NS When	18.8	7.0	2.8	1.9	0.5	0.3	2.8
Undecided	5.0	6.5	8.2	3.7	0.9	0.1	3.7
Want No More Children	25.7	32.5	59.6	74.6	70.1	54.7	58.5
Subfecund/Infecund	0.0	4.8	7.0	13.2	26.8	43.5	19.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Unweighted Number of Cases	(104)	(569)	(724)	(746)	(785)	(613)	(3,541)

[1]Women who were pregnant at the time of interview are classified as having one more living child than the actual number
[2]Want next child within two years
[3]Want next child after two or more years
Note: Women who have been sterilized are considered to want no more children.

almost 20% think they cannot become pregnant, citing either diagnosed infecundity or gynecological surgery other than contraceptive sterilization (infecund), or that they have tried to become pregnant for at least two years without success (subfecund).

The desire for additional children decreases rapidly with increasing number of living children. About 75% of women with two or more children do not want any more children whereas less than 5% would like to have another child. Interestingly, among women with no children only 61 % are fecund and want to have a child in the future, two-thirds of them within the next 2 years; 6% don't want any children and 32% are subfecund or infecund. Most women reporting infertility or subfecundity are over 35 years of age.

According to age the of respondents, which is correlated with the number of living children, older women are much more likely to want no more children than younger woman. Younger woman are also much more likely to space the next pregnancy than older woman. Of women aged 15 to 24, 22% want to delay having a child by two or more years whereas none of me respondents aged 35 or more say they want to space the next pregnancy by 2 or more years.

FIGURE 4.9.1
FERTILITY PREFERENCES OF WOMEN IN UNION AGED 15- 44
RRHS, 1993

Want a Child Soon 10.1%

Want a Child Later 5.4%

Undecided 6.5%

Impaired Fertility 19.5%

No More Children 58.5%

FIGURE 4.9.2

FERTILITY PREFERENCES BY NUMBER OF LIVING CHILDREN

FECUND WOMEN IN UNION - RRHS, 1993

Percent of Fecund Women in Union

Want a Child Soon | Want a Child Later & Undecided | Want No More

*/ Includes current pregnancy
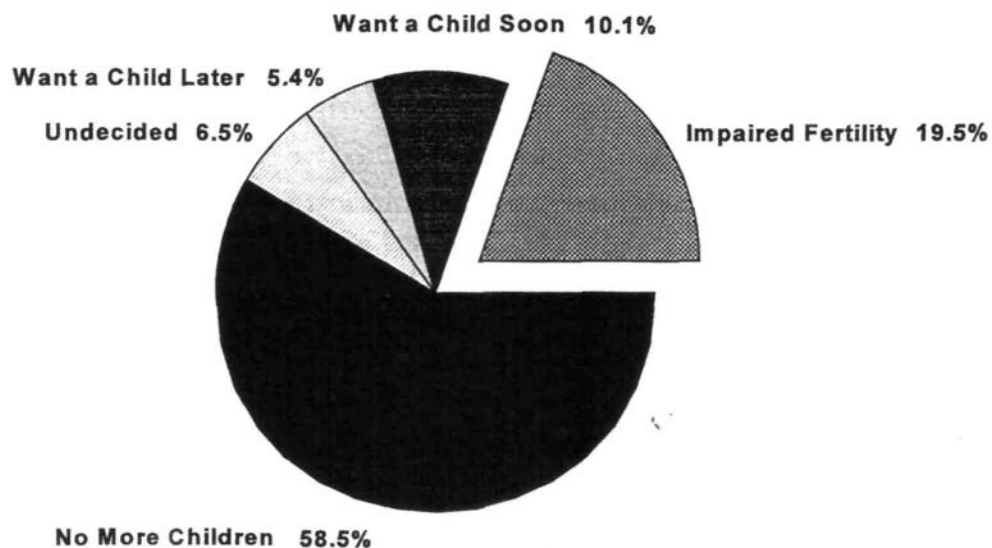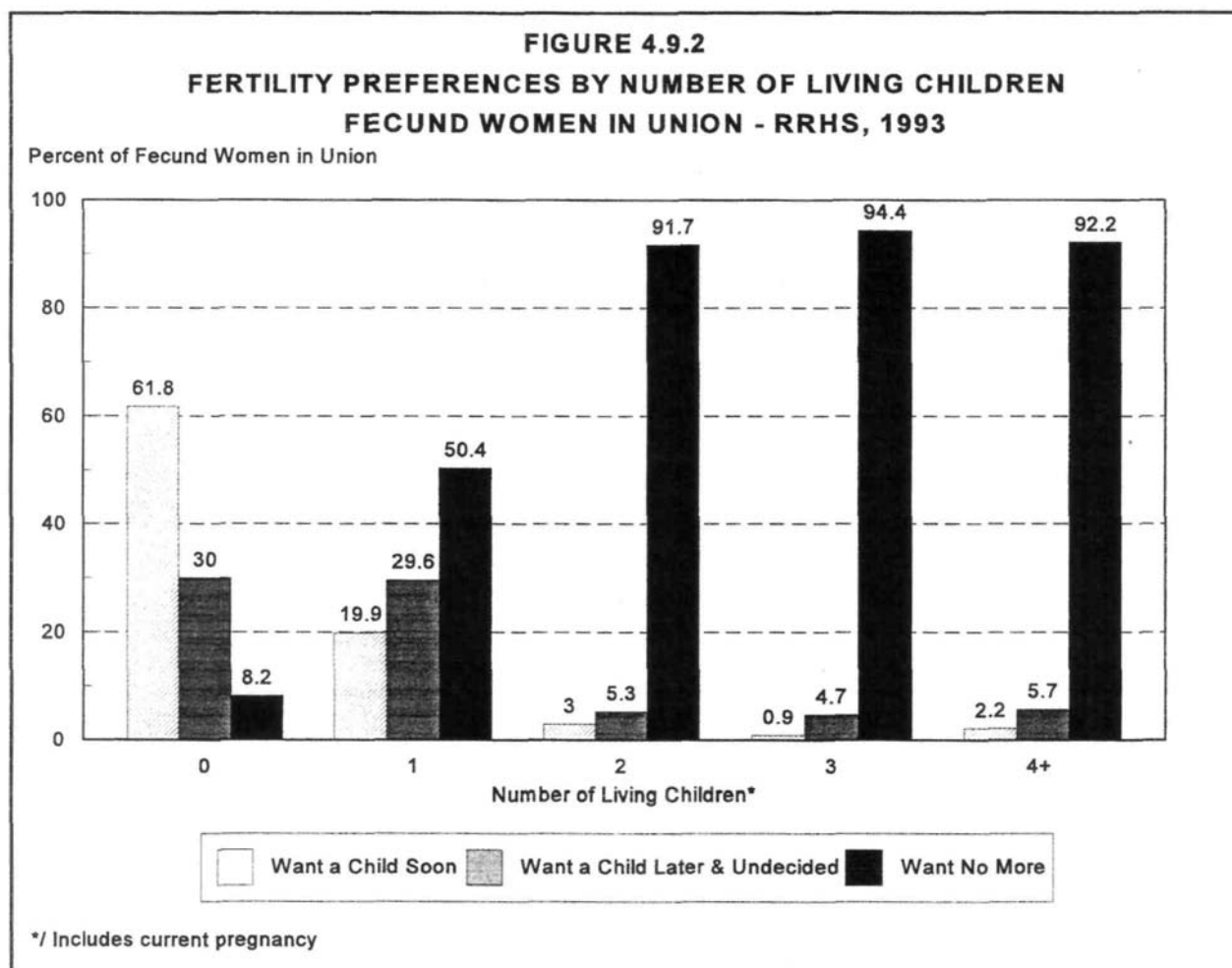
These findings are very important for the family planning program which should consider spacing methods for younger women and long term or permanent methods for older women.

Table 4.9.2 and Figure 4.9.2 are restricted to fecund women and shows the percentage of women currently in union who want no more children by number of living children and by selected characteristics. When we exclude from the denominator women who are subfecund or infecund, these women represent almost three-quarters of all women currently in union. One half of women with one child and almost all women with two or more children do not desire any more children. Urban women are more likely to want no more children than rural woman until they have three children when the figures converge. Childless residents of Bucharest are more likely to want no children (20%) than other urban or rural residents.

The desire for additional children decreases with age for women with fewer than three living children and is almost universal for women with three or more living children. Overall, less educated women are more likely to want no more children (83%), probably due, in part, to the higher parity distribution seen among these women.

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TABLE 4.9.2
Percentage of Fecund Women In Union Reporting They Want to Have No More Children
by Number of Living Children and Selected Characteristics
Fecund Women Aged 15-44
Reproductive Health Survey: ROMANIA, 1993

| Characteristics | Total | Number of Living Children[1] | | | | |
		0	1	2	3	4+
Total	**72.7**	**8.2**	**50.4**	**91.7**	**94.4**	**92.2**
Unweighted Number of Cases	(2,873)	(241)	(935)	(1,131)	(327)	(238)
Residence						
Bucharest	72.9	19.6	61.1	95.7	97.7	.
Other Urban	76.7	5.7	59.3	94.6	96.5	89.0
Rural	67.3	5.4	35.2	85.4	92.1	93.7
Age Groups						
15-29	47.9	4.2	32.2	80.6	91.4	91.0
30-44	92.3	27.9	86.4	96.8	95.4	92.5
Education Level						
Primary	83.2	.	45.2	91.8	94.9	92.0
Secondary incompl.	69.1	3.5	39.8	89.0	91.4	93.1
Secondary complete	67.4	7.3	50.1	92.9	98.2	91.5
Postsecondary & Univ.	72.4	10.4	73.9	94.2	.	.

*/Less than 25 women in that category
[1]Women who were pregnant at the time of interview are classified as having one more living child than the actual number
Note: Women who have been sterilized are considered to want no more children

CHAPTER V

INDUCED ABORTION

Until recently, Romania was the setting of the most rigorously enforced pronatalist policy among all the communist countries of Central and Eastern Europe (David, 1992; Stephenson et al, 1992). A restrictive law, issued in 1966, reversed the legal status of abortion decreed in 1957 and permitted modern contraceptive use and induced abortion for only very limited medical and social reasons, and for women over age 45 (lowered to age 40 in 1973) or who have at least five dependent children . After 1984, the age limit for an induced abortion was raised again to 45 years and new measures to enforce the law were introduced (monthly monitoring of women of reproductive age, investigation of all spontaneous abortions, tight police surveillance of all gynecological wards, prison terms for women who confessed to having illegal abortions and loss of license, confiscation of property and imprisonment up to 12 years for physicians who performed illegal abortions). This situation of fear of punishment, distrust and suspicion forced women to take desperate measures to end unintended pregnancies (self induced abortion or procedures performed by lay persons) and to stay away from hospitals if they had medical complications.

Although the prevalence of illegal abortions is impossible to assess, the dramatic effect on women's health was obvious to government officials but concealed from the public for many years. The true scope of the impact this policy had on reproductive health came to worldwide attention only after the December 1989 revolution and the change of government. During the last decade (1979-1989), Romania had the highest maternal mortality rate in Europe, a rate ten times higher than that of any other European country, and most of these maternal deaths were abortion-related (Stephenson et al., 1992). The magnitude of abortion complications is difficult to quantify but unofficial estimates suggest that nearly 20% of the 4.9 million women of reproductive age are thought to have impaired fertility (UNFPA 1990). The high number of unwanted pregnancies resulted in children abandoned in overcrowded orphanages by families who had been too frightened to attempt an illegal abortion, but who were too poor to afford to raise their child, was another shocking disclosure (Nachtwey, 1990). The dramatic experience of Romania has proved once again how reproductive health can be negatively affected through restrictive laws.

On 26 December 1989, during the Romanian revolution, the restrictive law was revoked after public pressure was applied on the interim government. Abortion became available on request through 12 weeks of pregnancy, and the requirement that it be approved by a medical committee was eliminated. The previous legal provision to provide abortions up to 24 weeks in the cases of rape, incest, and endangerment of the woman's life if the pregnancy were to be

continued, was maintained. Clinics were inundated by women seeking abortions. Consequently, the legally induced abortion rate reached the highest level in the world - almost 200 per 1,000 women aged 15-44 in 1990-1992 (Ministerul Sanatatii, 1993). This corresponds to an abortion ratio of almost three induced abortions for each live birth for the same period (Ministerul Sanatatii, 1993), and to a total induced abortion rate (TIAR) of 3.4 abortions per woman (based on age specific abortion rates-see Table 5.2.1).

Despite a spectacular decline, from 170/100,000 live births in 1989 to 60/100,000 in 1992, the maternal mortality rate remains the highest in Europe.

5.1 Induced Abortion Levels and Trends

Most Central and Eastern European countries have a long history of reliance on abortion which was legalized before modern contraceptive methods were fully developed. Even after modern contraception became widely used in the West, these countries continued to rely on traditional methods of contraception and on abortion since modern methods were not readily available. Romania, in particular, had little exposure to modern contraceptives, which were neither locally produced nor imported. Importation of condoms and spermicides was officially prohibited in 1985 and other modern methods were never considered among imports. Insertion of IUDs became illegal. Conversely, abortion levels would be expected to be inversely related to fertility levels for the same period. But, as already mentioned, the vast majority of abortions performed before 1990 were probably never reported and official data on abortion were grossly underestimated. Even after abortion became legal, official statistics do not appear to be accurate. The best example is represented by the parallel decline of fertility and abortion levels in the absence of any significant change in the trend of modern contraceptive use (see Figure 5.1).

Before examining fertility differentials by characteristics of women and trends over time in both Chapter IV and V, we compared the level of reporting of pregnancy outcomes in the survey with national counts provided by official statistics (Comisia Nationala Pentru Statistica, 1993B). This step was essential, not only for analyzing determinants of fertility and abortion, but also in interpreting contraceptive failure rates that depend on complete reporting of pregnancies (Jones and Forrest, 1992).

Figure 5.1 displays a comparison of the numbers of induced abortions and live births estimated from survey data and data from the Ministry of Health Reporting System for 1988-1992 (Ministerul Sanatatii, 1993). Expansion factors based on the sampling fraction for each survey domain were used to convert the survey results into national-level estimates in order to make comparisons with the external data.

FIGURE 5.1
Number of Induced Abortions and Live Births
Estimated To Have Occured In Romania, 1988-1992
RRHS And Ministry of Health Reporting System (in 100,000)

Reproductive Health Survey
Number of Abortions and Live Births (100,000)

MOH Reporting System
Number of Abortion and Live Birth (100,000)

■ Induced Abortions ▨ Live Births

*/Includes Legal Abortions and Hospitalized Spontaneous and Illegal Abortion
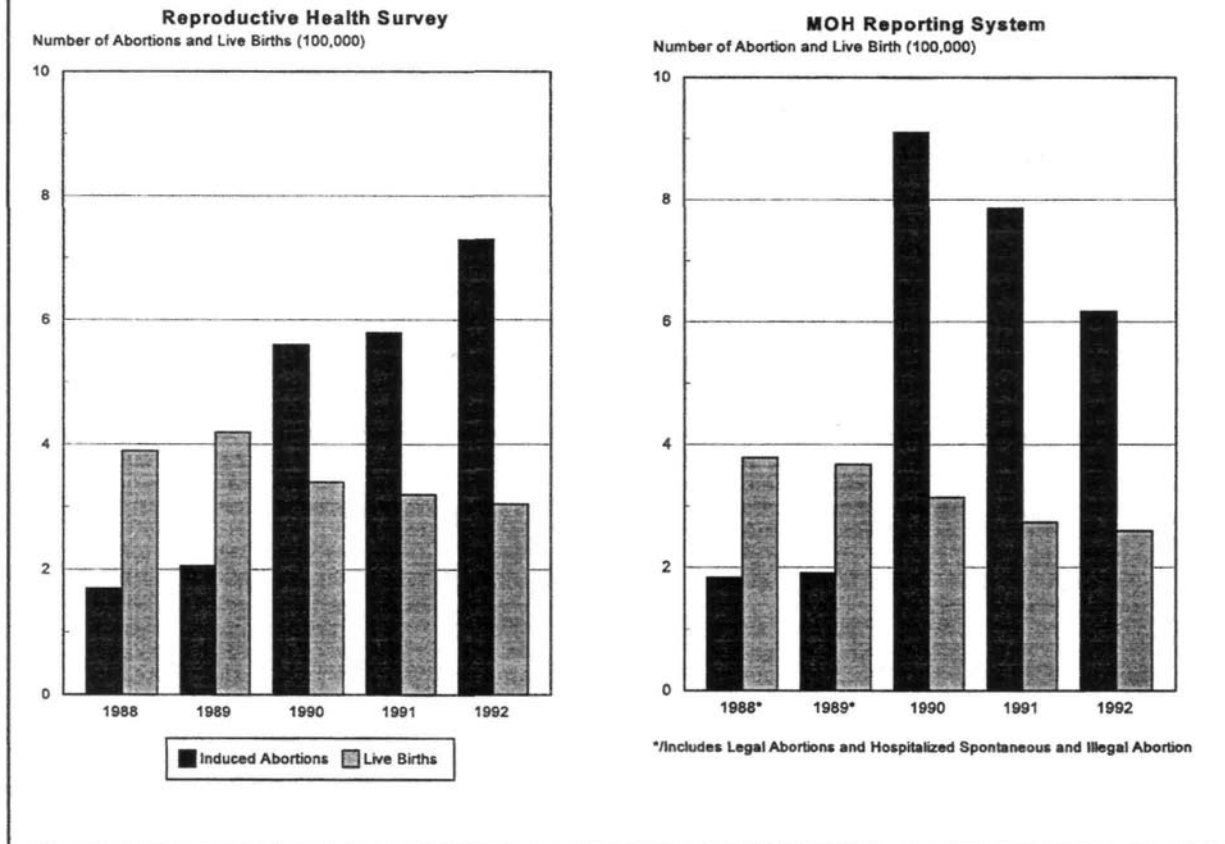
Whereas in 1988-1989 the number of abortions from both sources is almost identical, the survey estimates are lower for 1990-1991 but higher for 1992 and the first half of 1993 (1993 data not shown). The decline in official statistics after 1991 might be explained, in part, by the recent opening of private clinics that perform abortions and do not report to the Ministry of Health. On me other hand, the level of reporting in the survey, for abortions occurring in 1992 and 1993, may have become more complete as the negative implications of the previous illegality of abortion have faded into the past. Also, recall of more recent events has probably contributed to better response on abortions occurring in 1992 and 1993.

Overall, for 1990-1992, is estimated that 81% of abortions reported by official sources were also reported in the survey. However, reporting in the survey may actually be greater than 81 % since some of the difference between abortion reporting in the survey and official

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statistics may be due to double counting of an unknown magnitude in the official statistics.* Since the official reporting system in Romania has some overreporting built into the system and has recently been subject to an unknown amount of underreporting, we did not attempt to adjust the survey estimates.

Table 5.1.1 shows that the majority of women who had abortions in 1990-1992 were aged 20-34. Of the estimated 729,613 abortions in 1992, 28% were among women aged 20-24, 25% among those aged 25-29 and 26% among those aged 30-34. All abortion rates among these age groups have increased. Only 7% of the abortions in 1992 occurred among women less than 20 years old but both the rate and ratio per known pregnancies had substantially increased, by 76% and 52%, respectively, compared to 1990 levels.

Table 5.1.1
Estimated Number and Percent Distribution of Induced Abortions, Abortion Rate per 1,000 Women and
Ratio of Abortions per 100 Known Pregnacies
By Age Group By Year, 1990-1992
Reproductive Health Survey: ROMANIA, 1993

Age** Group	Number of Abortions			%			Rate (per 1,000)			Ratio (per 100)		
	1990	1991	1992	1990	1991	1992	1990	1991	1992	1990	1991	1992
Total	561,614	580,913	729,613	100.0	100.0	100.0	98.2	101.3	129.5	62.1	64.3	70.5
15-19	27,234	39,588	51,939	4.9	6.8	7.1	24.1	35.2	42.3	29.5	46.7	44.8
20-24	155,380	139,619	205,862	27.7	24.0	28.3	151.8	127.0	181.8	52.8	47.0	60.5
25-29	146,468	161,018	177,802	26.1	27.7	24.6	177.5	210.7	235.3	64.7	67.1	78.1
30-34	127,346	151,175	178,143	22.7	26.0	26.4	131.5	161.9	199.3	74.4	87.2	82.3
35-39	96,240	71,038	85,490	17.1	12.2	11.7	93.1	68.5	72.8	87.2	81.7	86.4
40-44	8,946	18,475	30,378	1.6	3.2	4.2	34.9	39.6	45.0	89.1	85.0	86.0

** woman's age at the time of pregnancy termination

*In Romania, health care services are provided through predominantly state subsidized, "neighborhood type" clinics, and services are generally free of charge if accessed through the proper administrative steps and guidelines. If patients want to bypass the neighborhood clinic or the referral process, health care is not free and can be very expensive. Abortion, however, is not subject to these regulations and can be obtained in any hospital without referral, as an outpatient procedure at a standard cost equivalent to 5 % of the average monthly salary. If, for any reason, postabortion care has to be extended overnight, no additional costs will be charged.

Abortion ratios in Table 5.1.1 represent the percentage of known pregnancies (excluding miscarriages, stillbirths and ectopic pregnancies) terminated by abortion and were calculated by age of the woman at the time of pregnancy termination for abortions and at the time of delivery for live births. The ratios were lowest among teenagers in each year followed by women aged 20-24. Still, almost half of known pregnancies to teenagers ended in induced abortion as well as 60% of known pregnancies to 20-24 year olds. The abortion ratios increase with age and reach 80% or higher levels for women over age 30. These findings suggest that Romanian women complete their desired family size at younger ages after which most pregnancies are intentionally terminated, as described in Chapter IV. Although the benefit of permanent methods of contraception for these women is obvious, no efforts have been made to promote tubal ligation and male sterilization is virtually unknown. Less than 4% of fecund women in union who did not want any more children expressed interest in surgical contraception indicating that an information campaign would be needed to explain the benefits versus risks of permanent methods.

Table 5.1.2 displays the percent distribution of induced abortions performed in 1990-1992 by number of prior induced abortions and by number of prior live births.

Table 5.1.2
Percent Distribution of Induced Abortions, By Number of Prior Induced Abortions and Prior Live Births
By Year and By Age Group, 1990-1992
Reproductive Health Survey: ROMANIA, 1993

Year	Prior Induced Abortions						Prior Live Births					
	0	1	2	3	4	5+	0	1	2	3	4	5+
1990	53.2	20.4	9.2	5.1	5.1	7.2	7.3	25.3	38.3	13.9	7.5	7.7
1991	46.4	24.8	11.9	7.0	3.0	7.0	7.7	24.7	35.6	16.3	7.1	8.6
1992	39.6	26.4	14.6	6.5	4.4	8.5	9.7	24.9	37.2	13.8	7.0	7.4
Age group*												
15-19	66.3	18.4	8.3	4.9	1.1	0.0	43.2	39.0	17.8	0.0	0.0	0.0
20-24	59.1	24.8	8.5	2.8	1.4	3.5	14.4	46.4	25.0	9.9	4.0	0.3
25-29	43.4	27.1	13.3	6.7	3.9	5.6	4.2	20.1	45.4	16.7	7.8	5.8
30-34	36.3	24.8	14.2	6.6	6.9	11.2	2.8	11.0	43.2	20.1	5.7	11.8
35-44	33.7	19.5	14.9	10.7	6.2	15.0	0.0	13.3	37.6	18.3	16.9	13.9
Total	45.8	24.1	12.2	6.2	4.1	7.6	8.4	25.0	38.0	14.6	7.1	7.9

*/ woman's age at the time of pregnancy termination

The proportion of repeat abortions rose rapidly after legalization. In 1990, slightly less than half of the abortions performed were repeat abortions (47%), and in 1992, this proportion rose to 60%: 26% were second abortions, 21% were preceded by two or three pregnancy terminations and 13% were preceded by 4 or more abortions. This rapid increase relates to the fact that if more women recently had an abortion, more are at risk of a repeat abortion, and is likely to continue especially if pre or postabortion counseling remains virtually nonexistent. After abortion became legal, the proportion of repeat abortions was lowest among women aged 19 or younger and increased rapidly with age. Women aged 35 years and over have the highest level of repeat abortions, especially of fourth or higher order; almost 32% of them have had at least three other procedures before their last abortion.

The pattern of abortion utilization by parity does not show a clear trend between 1990-1992. With the exception of the increase of 26% in abortion procedures obtained by childless women in 1992 compared with 1990, me percent distribution by number of children born alive shows little variation. Abortions obtained by childless women represent only a small fraction of abortion procedures performed between 1990-1992. Most procedures were obtained by women with one and two children (25% and 38%, respectively).

The percent distribution of abortion by parity is heavily influenced by age. Young women tend to obtain abortion when they are childless or have one child (82% of adolescents and 61 % of women aged 20-24). Women older than 35 have at least one child when they obtained abortions and most of them have two or more children. This provides additional indirect evidence that, with the second livebirth, childbearing is considered completed for most women.

Parity specific abortion ratios per 100 known pregnacies for the same period of time (1990-1992) are shown in Table 5.1.3.

Table 5.1.3
Abortion Ratio per 100 Known Pregnancies By Number of Prior Live Births and Year, 1990-1992
Reproductive Health Survey: ROMANIA, 1993

Ratio by Year	Prior Live Births				
	0	1	2	3	4+
1990	21.5	58.5	83.1	81.6	57.7
1991	21.1	59.9	84.7	83.2	74.6
1992	29.6	70.6	91.3	86.1	72.6

The lowest ratio in each year is found among women with no prior live birth. In 1992, the most recent complete year for which the parity specific abortion ratio could be calculated, there is a notable increase in the abortion ratio. Almost one third of pregnancies experienced by childless women ended in induced abortions in 1992. The ratio of pregnancies which end in induced abortion more than double for women with one child and levels are higher as parity increases. The abortion ratio is highest at parity two (91% in 1992) which coincides with information recorded in the pregnancy history on desired fertility. Beyond two children, additional births become unacceptable to most Romanian women. The decline of the abortion ratio after parity three reflects a concentration of women, mostly in rural areas, who desire larger families and who are overrepresented in the high parity group. However, there is also a recent trend toward more pregnancies terminated in induced abortion among these women and almost three-fourths ended their pregnancies with induced abortions.

5.2 Induced Abortion Differentials

Evidence that fertility decline in Romania is mainly achieved through the use of induced abortion was first brought to worldwide attention in 1958-1966, when, after abortion become legal, the total fertility rate dropped from 2.8 to 1.8 births per woman (Demographic Yearbook, 17th edition). The same pattern is noted after the recent liberalization of abortion. To better estimate the impact the use of induced abortion has had on fertility, we study differentials in induced abortion rates for the same three year periods and for the same women's characteristics used in the analysis of fertility (see Chapter IV).

Table 5.2.1 shows that the highest abortion rate per 1,000 women by age group, in both periods (82 and 209 per 1,000), occurred among women aged 25-29, followed by rates of 65 per 1,000 and 167, respectively, among women aged 30-34. All but one age specific abortion rate is much higher in the most recent period. The age specific abortion rate for women under age 20 had tripled, from 10 per 1,000 in 1987-1990 to 32 per 1,000 in 1990-1993. The rates among women aged 20-34 had increased by 150% and by 50% among women aged 35-39. However, among women aged 40 or older, the abortion rate declined by 25%. Overall, the TIAR for all women doubled from 1.7 abortions per woman for the period 1987-1990 to 3.4 abortions for 1990-1993.

A comparison of age-specific marital induced abortion rates reveals that induced abortion rates for married women were higher than those for all women in both periods of time (2.1 abortions per woman and 4.6, respectively) and, by implication, higher than those for unmarried women. These results are consistent with another finding that only 5% of pregnancies are terminated before the date of first union, and illustrate that abortion is primarily associated with married women in Romania. Since most women are married by age 25, marital abortion rates differ little from abortion rates for all women aged 25 and above.

TABLE 5.2.1
Age Specific Abortion Rates and Age Specific Marital Abortion Rates Per 1,000 Women Aged 15-44
Before and After The Change in Legislation
Reproductive Health Survey: ROMANIA, 1993

Age at Pregnancy Outcome	Age Specific Abortion Rates		Age Specific Marital Abortion Rates *	
	1987-1990**	1990-1993***	1987-1990**	1990-1993***
15-19	10	32	57	178
20-24	63	153	88	225
25-29	82	209	84	221
30-34	65	167	66	168
35-39	52	79	53	81
40-44	65	40	66	40
Total (Per Woman)	**1.7**	**3.4**	**2.1**	**4.6**

*   Excludes abortions occurring before the date of first union for ever married women.
**   From June 1987 to May 1990
*** From June 1990 to May 1993

There was a notable difference in fertility (see Table 4.3.1 and Table 5.2.2) and abortion rates between Bucharest and other urban and rural residents. On average, women residing in Bucharest have one child less and one abortion more then rural women in both periods. The highest increase in abortion rates occurred among young urban residents.

Both fertility and induced abortion rates are inversely correlated with education level. The least educated women consistently reported the highest rates of abortion; the total abortion rate for these women more than doubled, reaching almost five lifetime induced abortions per woman after the change in legislation. The highest increase in abortion rate was experienced by the least educated women aged 20-24.

Induced abortion levels are also inversely related with socioeconomic status in both periods. Women with low and middle socioeconomic status have almost one abortion more than women with high status. However, in the most recent period, the rate for women with high socioeconomic status is almost three times higher than before the change in legislation.

| | June 1987-May 1990 | | | | | | | June 1990-May 1993 | | | | | | |
| | Age Group | | | | | | | Age Group | | | | | | |
Characteristic	15-19	20-24	25-29	30-34	35-39	40-44	TIAR	15-19	20-24	25-29	30-34	35-39	40-44	TIAR
Total	10	63	82	65	52	65	**1.70**	32	153	209	167	79	40	**3.39**
Residence														
Bucharest	11	21	24	21	83	33	**2.65**	52	108	145	123	85	57	**4.14**
Other Urban	6	14	22	15	56	33	**1.46**	40	68	70	58	75	53	**3.41**
Rural	14	15	19	17	86	24	**1.64**	19	42	82	71	45	76	**3.20**
Education Level														
Primary	33	64	87	73	62	77	**1.97**	78	266	239	226	95	40	**4.72**
Secondary	14	57	84	55	70	74	**1.76**	26	188	189	146	64	26	**3.20**
Secondary complete	4	74	82	51	32	64	**1.53**	22	122	222	150	64	26	**3.02**
College & Univ.	1	43	60	94	42	34	**1.37**	0	61	173	127	81	62	**2.52**
Socioec. Status														
Low	14	49	85	74	55	57	**1.68**	36	158	205	230	91	20	**3.70**
Middle	8	77	80	69	55	87	**1.88**	26	162	216	152	72	50	**3.39**
High	0	33	81	36	39	0	**0.95**	40	76	177	94	89	38	**2.57**

5.3 Reasons for Abortion

Additional information on the last four abortions performed since January 1988 were recorded in a detailed abortion history which includes questions about reason for abortion, weeks of gestation, abortion procedures, abortion complications and sequelae and partner's attitude toward abortion. Data were collected starting with the most recent procedure in an attempt to minimize recall biases. The data gathered through this approach include almost exclusively legal abortion, which predominated after December 1989. Of 2,523 abortions which were reported to have occurred since January 1988, 93% were recorded in the abortion history. The remaining 7% were experienced by women with more than four abortion procedures in this interval. Most of abortions recorded in the pregnancy history (92%) occurred after the restrictions were lifted and almost all (98.5%) were legally induced abortion ("on request" or for medical reasons). This contrasts with the situation in 1988-1989 when two thirds of abortions were self reported as illegal abortions.

Table 5.3 shows that, after December 1989, 67% of abortions were performed for limiting or spacing childbearing, 20% for economic or social reasons (low income, crowding, fear of losing their job), 4% for partner related reasons (out of wedlock pregnancy, partner did not want a baby, separated from partner) and 4% for medical reasons (concerns that pregnancy was threatening the woman's health, fetal indications).

TABLE 5.3
Percent Distribution of Specific Reasons for Induced Abortions Occuring After December 1989
By Selected Characteristics
Reproductive Health Survey: ROMANIA, 1993

Characteristics	Space /Limit Childbearing	Socio-Economic Reasons	Partner Related Reasons	Health Concerns or Fetal Indications	Other Reasons	Total	Unweighted No.of Cases*
Total	**67.1**	**19.5**	**4.3**	**4.0**	**5.1**	**100.0**	**2116**
Residence							
Bucharest	54.0	26.7	6.6	6.9	5.2	100.0	557
Other Urban	69.2	18.3	3.5	3.7	5.3	100.0	914
Rural	69.3	18.2	4.2	3.3	5.0	100.0	645
Education Level							
Primary	71.7	18.8	3.9	2.7	2.9	100.0	561
Secondary	65.5	22.6	4.4	3.5	4.0	100.0	649
Secondary complete	66.1	20.2	3.3	4.6	5.8	100.0	698
College & Univ.	60.1	9.0	7.8	8.1	15.0	100.0	208
Age Group**							
15-19	55.0	19.7	11.7	5.3	8.3	100.0	97
20-24	61.8	21.4	5.7	4.9	6.2	100.0	592
25-29	69.0	20.5	2.7	2.7	5.1	100.0	572
30-34	70.0	22.1	3.1	2.7	2.1	100.0	535
35+	72.0	11.1	3.0	6.2	7.7	100.0	320
Parity**							
0	38.6	16.3	22.8	4.2	18.0	100.0	165
1	56.0	25.3	4.8	7.6	6.3	100.0	583
2	73.8	16.4	2.5	1.8	5.5	100.0	777
3	73.3	20.0	1.3	3.5	1.9	100.0	300
4	73.6	17.9	2.9	3.5	2.1	100.0	141
5+	79.2	16.5	0.0	4.3	0.0	100.0	150

* Twenty-one induced abortions had no reason recorded and are excluded
** At the time of pregnancy termination
*** Number of children born alive at the time of pregnancy termination

The use of abortion for spacing or limiting childbearing is directly correlated with woman's age and parity and inversely correlated with education attainment; this reason was more often claimed by women residing outside Bucharest. Socioeconomic reasons were mentioned more often by women who reside in Bucharest, where life is more expensive and adequate housing is an increasing problem, women under 35 years of age and women who didn't attain postsecondary education. Partner related reasons were more common among childless women (23%) and women under 20 years of age (12%); women with the highest level of education are also more likely to report these reasons (8%), presumably because they postpone marriage until after graduation from college or university. Health related reasons increase with education level and are more often reported by the youngest and the oldest women; Bucharest residents are more concerned that pregnancy would affect their health than their counterparts residing outside the capital.

Overall, every year after abortion became legal, an increasing number of abortions were performed to regulate fertility and for socio-economic reasons. The other reasons do not show any significant trend.

5.4 Provision of Abortion Services

With the repeal of the restrictive abortion law, the previous regulations requiring abortions to be performed after waiting periods and with approval of a special abortion commission were removed; overnight hospitalization (free of charge) was no longer mandatory. Abortion became an outpatient procedure (excluding patients hospitalized for complications) performed only in hospitals and abortion fees were symbolic. The requirement to restrict abortions beyond 12 weeks' gestation limit (excepting medical and juridical reasons) was maintained. At the end of 1990, nonhospital abortions also became legal. The official payment for an abortion procedure is entirely covered by the patient and has increased several times since December 1989, reaching about 5% of an average monthly salary in 1993 (10% or more for procedures performed in private practice). In addition, women usually have to make unofficial payments to medical personnel.

After the change in legislation, most abortions have been performed in hospital facilities (93%) with only 7% in private cabinets or clinics. Each year, however, more abortions have been performed by private practitioners (11% in 1993) which may contribute to the decline in the number of abortions reported by MOH statistics.

Almost all pregnancies were reported to be terminated in the first trimester of gestation. However, women's reports on this issue are subject to several possible biases, including irregular menses, problems in recalling the event and reluctance to admit abortions beyond the legal gestational limit. The vast majority of abortions (83%) were reported to be performed between 7 and 9 weeks of gestation, 8% under 7 weeks, 8% at 10-12 weeks and only 1% were reported as second trimester abortions.   Numbers are too small to draw any statistical

conclusions but late abortions are inversely correlated to woman's age, number of prior abortions, education level and are more likely to occur in rural areas. Second trimester abortions constitute less then 1% of outpatient hospital procedures, 3% of procedures performed in private practice and 13% of those self induced or induced by a lay person.

Abortions by suction curettage (vacuum aspiration: VA) were available immediately after the change in legislation as a result of equipment donated through humanitarian aid. VA is the safest and the easiest method of induced abortion in the first trimester. It requires either a manual or an electric suction device and, in the first weeks of pregnancy, allows "mini-abortions" without anesthesia and dilatation of the cervix. However, the international agencies could not provide enough equipment to handle the increased number of abortions, which are mostly performed by dilatation and curettage. Moreover, training in using the new method was not provided throughout the country. Many gynecologists, who were using only the traditional D&C (dilatation and curettage) for a long period of time, are either reluctant to use VA or tend to complete it with unnecessary dilatation and extensive sharp curettage.

Under the Health Rehabilitation Project financed by the World Bank loan, provisions have been made to provide VA equipment to eleven FP referral centers. However, by the time the survey was concluded, most of the referral centers had not yet received these equipment. Thus, the traditional sharp curettage method was the main method used, regardless of the gestational age. Overall, more than 90% of pregnancies were legally terminated by D&C and only 9% by suction curettage. None of these abortions was performed by manual VA. Suction methodology was more available in Bucharest where 22% of pregnancies were terminated using vacuum aspiration and less available to rural residents (only 4% of their abortions were performed through suction curettage).

5.5 Abortion Complications

More than two-thirds of the induced abortions that occurred before the change in legislation were illegal procedures associated with a high risk of postabortion complications. Figure 5.5 shows that 21% of illegal abortions reported in 1988-1989 were associated with early or late complications. This is probably a conservative estimate since more than 90% of illegal abortions were induced outside medical settings and less than 40% were completed with a D&C. One percent of illegal abortions required hysterectomy for severe complications.

The rapid decline in illegal abortions (only 1.4% of abortions were reported as illegal procedures after December 1989 and the trend is toward a steady decrease) is associated with a tremendous reduction of abortion complications, both early and late. However, legally induced abortions are associated with a certain risk of postoperative complications, whose incidence and severity is strongly correlated with age of gestation, surgical procedure and operator's skills, type of anesthesy and preexisting pathology (Henshaw, 1990).

FIGURE 5.5
ABORTION COMPLICATIONS BY TYPE OF ABORTION
1988-1993 - RRHS, 1993

Overall, 9.2% of the legal abortions reported after December 1989 were followed by immediate complications (7%) or late sequelae (2.2%). Almost 16% of these legal abortions were treated with antibiotics for three or more days and 3% required hospitalization for early complications. Most of the early complications involved heavy or prolonged bleeding (60%) or pelvic infection, with or without fever (30%); less than 1% were perforations of the uterus. About 40% of complicated abortions required a second curettage. Excepting uterine perforation, it is difficult to asses how serious the other early complications might have been. An indirect approach to measure their severity is to consider early complications as serious when they required overnight hospitalization or are followed by late complications. More than a half of immediate complications required one or more nights hospitalization and 15% were associated with late sequelaes (pelvic inflammatory disease, pelvic pain, Asherman syndrome, irregular bleeding).

Figure 5.5 also shows a disturbing tendency toward a higher annual incidence of both early and late complications associated with legal abortions even if the differences are not statistical significant (from 8% in 1990 to 11% in 1993). This trend is particularly puzzling when the mean gestational duration for legal abortions had decreased and the percentage of pregnancy terminated by suction curretage had doubled (from 5% in 1990 to 11% in 1993).

5.6 Abortion Mortality

It is believed that the most accurate maternal mortality statistics for Romania were available during the period when the restrictive abortion legislation was enforced. Essentially based on information reported in death certificates (were deaths were coded using the 8th and later the 9th revision of the International Coding of Deaths), these statistics were improved by detailed investigations of all unexpected deaths of women of childbearing age, including coroner reviews (Rochat, 1991).

FIGURE 5.6
ABORTION AND NON-ABORTION MATERNAL MORTALITY RATIOS
ROMANIA 1965, 1980-1992

Source: CHS/MOH Romania

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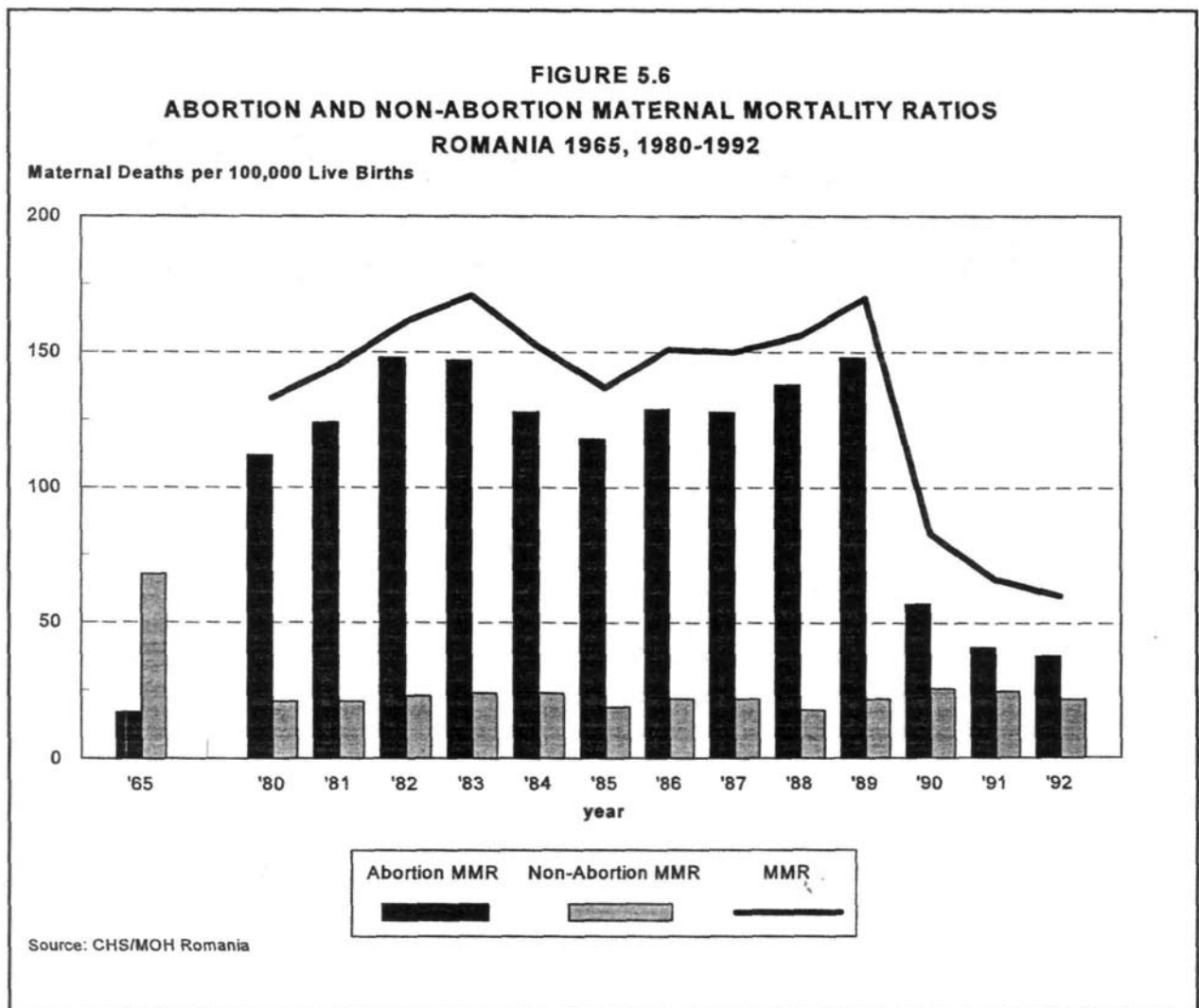
The levels of maternal mortality dramatically reflect the consequences of outlawing abortion and contraception. In the first ten years after the restrictions on abortion were enacted, a 5-fold increase in abortion related deaths was recorded and 99.3% of these abortions were classified as illegal (Rochat, 1991). From 1980 to 1989, the abortion related maternal mortality rate (MMR) fluctuated between 112 and 148 maternal death per 100,000 live births, a level eight times higher than before the restrictive legislation was enacted, (Figure 5.6). The effect of switching from the use of illegal, unsafe abortions to legal abortions was reflected in the drop of the MMR, beginning in 1990. After many years of high rates of maternal mortality, more than 85% abortion-related, the MMR decreased between 1989 and 1992 from 170 to 60 per 100,000 live births, a decrease entirely due to the 60% decline in the abortion-related deaths.

Even with this decline, induced abortion is still the first cause of maternal death in Romania, accounting for more than 60% of maternal mortality after December 1989 (69% in 1990, 62% in 1991 and 63% in 1992), mainly because of the continuing use of unsafe abortions. Since the use of illegal abortion was a routine for many women in the past and since nonmedical abortion providers might be more accessible, more affordable, or more familiar, the practice of illegal abortion is likely to continue, especially among women who seek abortion beyond the legal gestational limit of 12 weeks.

5.7 Abortion and Contraception

Generally, induced abortion is used as a backup to contraceptive failure rather than a primary method of fertility control. In Romania, however, the limited availability of modern contraceptives, combined with a high level of misinformation and preconceptions concerning modern methods and a heavy reliance on traditional methods, has made induced abortion the primary method for averting unwanted births.

This hypothesis is indirectly documented by the trend in pregnancy rates. Figure 5.7 displays the trends of annual pregnancy, fertility and abortion rates since 1988. The change of the total pregnancy rate (TPR) in the same direction as the total abortion rate (TIAR) suggests a high level of unintended pregnancy (almost always terminated through the use of legally induced abortions) and little impact of contraceptive practices on preventing these pregnancies, either because of low prevalence or because of high failure rates. The extremely high rate of abortion appears to be the principal determinant of the decline in fertility since no significant changes have occurred in the prevalence of contraceptive use or contraceptive mix (see Chapter VI). But, in the absence of effective contraception, abortion alone is an inefficient method to regulate fertility. The increased use of abortion as the primary means of fertility control has had an escalating effect on the pregnancy rate, mostly on mistimed and unwanted pregnancies, since it hastens the woman's return to the risk of conception through a shortened duration of pregnancy (from about nine months to about three months) and of the postgestational anovulatory period.

FIGURE 5.7
TOTAL PREGNANCY RATES, INDUCED ABORTION RATES AND FERTILITY RATES
1988-1992 - RRHS,1993
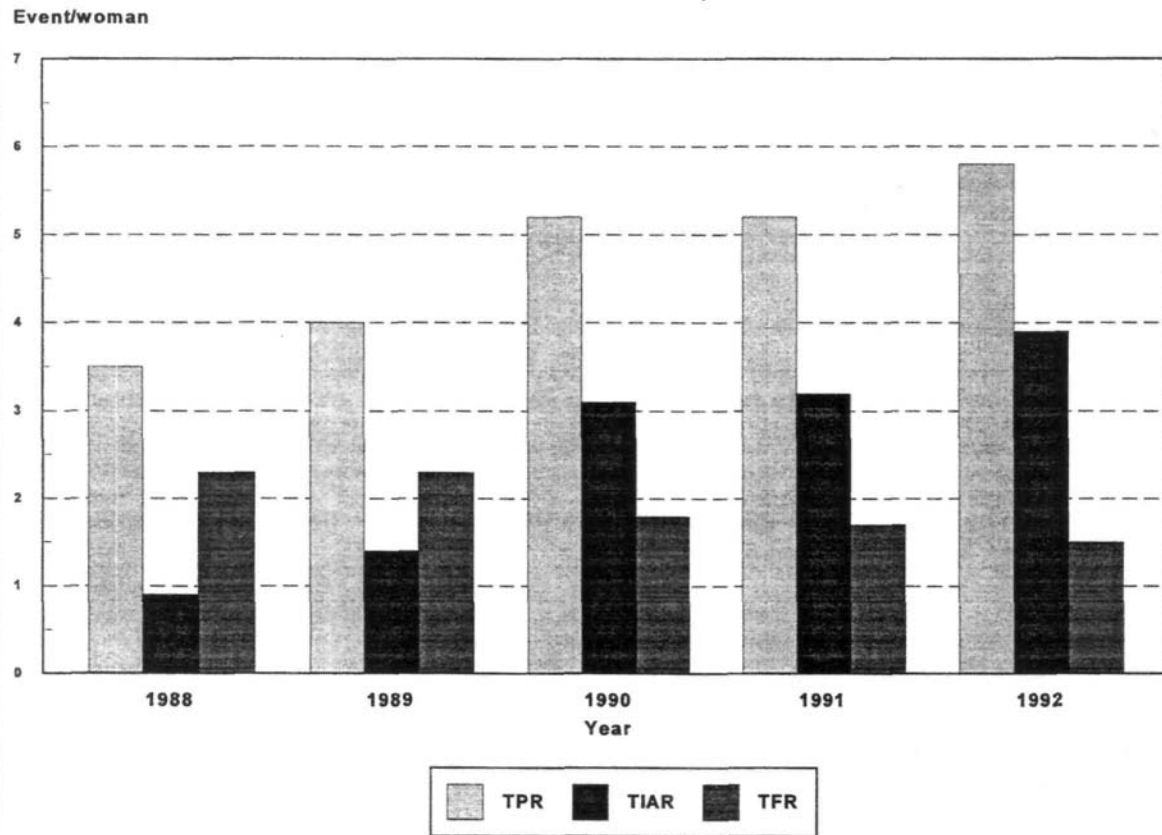
Increased use of abortion may also explain the slight increase seen in the use of withdrawal and calendar methods, which would not be expected to be affected by the policy change. Since a pregnancy resulting in abortion returns a woman to risk of conception more quickly than does a pregnancy carried to term, it also increases the time during which she has the opportunity to use contraception. Since women have continued to use mostly traditional methods, which have very high failure rates (see Chapter VI), more unintended pregnancies occur, and consequently, more abortions take place.

CHAPTER VI

CONTRACEPTION

After revoking the restrictive law on abortion and contraception at the end of December 1989, Romania was confronted with a difficult mission: to establish a comprehensive family planning program tailored to manage both me burden left by more than two decades of rigorously enforced pronatalist policy, and the recent economic and political changes.

During the fallen regime, contraceptive and sexual education were generally unavailable and importation and sale of contraceptives was forbidden; traditional contraceptive methods, with their high failure rates, were almost the only means to avoid unintended pregnancies. Legal abortions were severely restricted. In a society which traditionally relies on induced abortion to control fertility the result of restricting abortions was particularly devastating; unsafe, clandestine abortions performed on a large scale were followed by a wide array of complications including maternal deaths which reached me highest level in Europe. The availability of legal abortion dramatically improved women's health and their reproductive rights, but the newly created family planning program has not made much impact since suspicion and ignorance regarding modern contraception persist. The prevailing public opinion, that modern contraceptives are harmful, is shared by many health care professionals, who are reluctant to accept and promote these methods due to their lack of family planning training and limited access to updated medical literature (David, 1992). The insufficient infrastructure, absence of family planning logistics and managerial skills, and shortage or uneven distribution of contraceptive supplies, are other critical factors that have diminished the impact of the newly founded program.

As stated in the objectives, the survey was designed to provide planners and program managers with a nationwide snapshot of contraceptive prevalence, awareness and opinions. In order to assess this, all women were asked, in reference to each specific contraceptive method if they have ever heard about it, from whom, if they know where to get it, and which method have they ever used and are currently using. This chapter presents data primarily concerning women with a partner or husband at the time of the survey, who are referred to as women in union.

6.1 Knowledge of Family Planning Methods and Their Sources

Since family planning was officially banned in Romania for so many years and a systematic campaign was mounted to misinform me public about modern contraception and their benefits, it is very likely that lack of knowledge, mistrust and fear of these methods to be a major obstacle to their use. Thus, an important objective of RRHS was to explore the current level of knowledge of family planning methods and their sources after more than three years since the restrictive legislation has been reversed.

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TABLE 6.1.1
Percentage of Women Aged 15-44 Who Have Heard About Contraceptives
and Who Know Where to Get Them, By Specific Methods and By Marital Status
Reproductive Health Survey: ROMANIA -1993

Contraceptive Method	%t Who Have Heard About Method				% Who Know Where To Get Methods			
	Total	Married/ In Union	Previously Married	Unmarried	Total	Married/ In Union	Previously Married	Unmarried
Any Method	**95.8**	**97.9**	**98.0**	**90.3**	NA	NA	NA	NA
Traditional Method	**84.5**	**94.9**	**92.7**	**57.6**	--	--	--	--
Withdrawal	75.3	91.2	85.5	34.0	--	--	--	--
Calendar	75.4	83.8	87.5	53.0	--	--	--	--
Any Modern Method	**93.7**	**95.2**	**95.5**	**89.5**	82.5	85.0	84.8	76.0
Condom	89.0	90.1	91.1	86.1	63.7	61.6	61.4	69.1
IUD	71.2	80.8	79.0	49.4	51.4	56.7	60.5	36.5
Pills	79.1	79.4	82.0	74.2	49.9	48.4	48.5	53.6
Tubal Ligation	56.0	65.0	65.6	32.2	48.9	56.8	58.4	27.8
Local Spermicide	33.9	36.7	39.3	26.0	24.1	25.7	19.1	14.9
Injectables	15.7	15.4	17.3	16.1	11.2	11.3	13.1	10.6
Vasectomy	12.2	12.5	17.2	10.4	10.0	10.2	14.3	8.8
Diaphragm	9.0	8.5	8.8	10.2	6.1	6.0	6.5	6.5
Unweighted Number of Cases	(4,861)	(3,542)	(277)	(1,042)	(4,861)	(3,542)	(277)	(1,042)

Table 6.1.1 shows that almost all currently in union women as well as previously married women know of at least one method of family planning, either traditional or modern method (98 percent). With the exception of unmarried women, whose awareness of traditional methods is much lower than that of modern methods, knowledge of traditional methods are virtually the same as that of modern methods. The most widely known method is the condom. Condoms had never been banned but were essentially unavailable after 1985 when both imports and local production were ceased. It is followed by the pill, IUD and female sterilization known among all women by 79 percent, 71 percent, and 56 percent, respectively; however, unmarried women are less likely to have heard of the last two methods than married and previously married women. The least known modern methods are the diaphragm, vasectomy and injectables.

Not all women who have heard about a modern method know where they can obtain it and the gap between knowledge of any modern method and knowledge of their sources (about ten percentage points) is not significantly influenced by marital status; however, the gap varies greatly by specific methods, especially for the more widely known methods, reaching 29 percentage points for the

pill, 25 percentage points for condom and 20 percentage points for IUD. Is worth noting that unmarried women are more likely to know a source of condoms or pills compared with currently or previously in union women since their gap between knowledge of these methods and their source is narrower (20 percentage points for pill and 17 percentage points for condom).

TABLE 6.1.2
Percentage of Women in Union Aged 15-44 Who Have Heard About Contraceptives
and Who Know Where to Get Them, By Specific Methods and Residence
Reproductive Health Survey: ROMANIA, 1993

Contraceptive Method	Percent Who Have Heard About Method				Percent Who Know Where To Get Methods			
	Total	Bucharest	Other Urban	Rural	Total	Bucharest	Other Urban	Rural
Any Method	**97.9**	**98.6**	**98.9**	**96.4**	NA	NA	NA	NA
Traditional Method	**94.9**	**95.8**	**96.6**	**92.3**	--	--	--	--
Withdrawal	91.2	86.8	93.8	89.0	--	--	--	--
Calendar	83.8	93.3	88.9	73.9	--	--	--	--
Any Modern Method	**95.2**	**97.3**	**98.0**	**90.8**	**85.0**	**88.5**	**91.0**	**75.7**
Condom	90.1	95.5	96.2	80.1	61.6	64.1	67.8	52.4
IUD	80.8	89.1	88.5	64.1	56.7	65.1	64.3	44.1
Pills	79.4	86.9	88.8	68.1	48.4	53.8	53.5	39.9
Tubal Ligation	65.0	59.3	74.6	53.6	56.8	53.0	67.0	44.1
Local Spermicide	36.7	58.1	42.6	22.4	25.7	40.0	30.5	14.9
Injectables	15.4	26.1	16.4	10.7	11.3	21.1	12.0	7.4
Vasectomy	12.5	19.8	14.7	7.4	10.2	17.2	11.8	5.9
Diaphragm	8.5	16.0	10.3	3.7	6.0	10.7	7.5	2.4
Unweighted Number of Cases	(3,542)	(764)	(1,548)	(1,230)	(3,542)	(764)	(1,548)	(1,230)

Table 6.1.2 summarizes the findings on contraceptive awareness by residence for women currently in union. Almost all women currently in union have heard of at least one contraceptive method (98%) and the vast majority recognize at least one modern method (95%). Unfortunately, how much and what they know, particularly about modern methods, is impossible to assess using these questions. Additional questions asked to explore attitudes and opinions toward modern methods (see Chapter VIII) show a high level of misinformation and preconceptions, contributing to their low prevalence.

There is little difference in the level of overall contraception awareness by residence, even when it is classified into traditional and modern contraception. The urban level is only 2 to 3 percentage points higher than the rural level and the gap becomes slightly larger for modern methods (6 to 7 percentage points). However, the level of knowledge of specific contraceptive methods varies. Overall, the more widely known methods are withdrawal (91%), especially for other urban residents (94%), and the condom (90%), better known among residents of urban areas, including Bucharest (96%). The calendar method is the third (84%), but is less well known in the rural areas (74%); IUD and pills are known by almost 9 out of 10 urban women, but only by 66% of rural women. Sixty-five percent of women have heard about tubal ligation and this proportion increases to 75 % among other urban women. The least known modern methods are injectables, vasectomy and the diaphragm, known by 15, 13, and 9 percent, respectively; the level of knowledge for these methods is even lower in rural areas.

FIGURE 6.1.1
Contraceptive Awareness, Knowledge Of Source And Use
By Specific Methods - RRHS, 1993
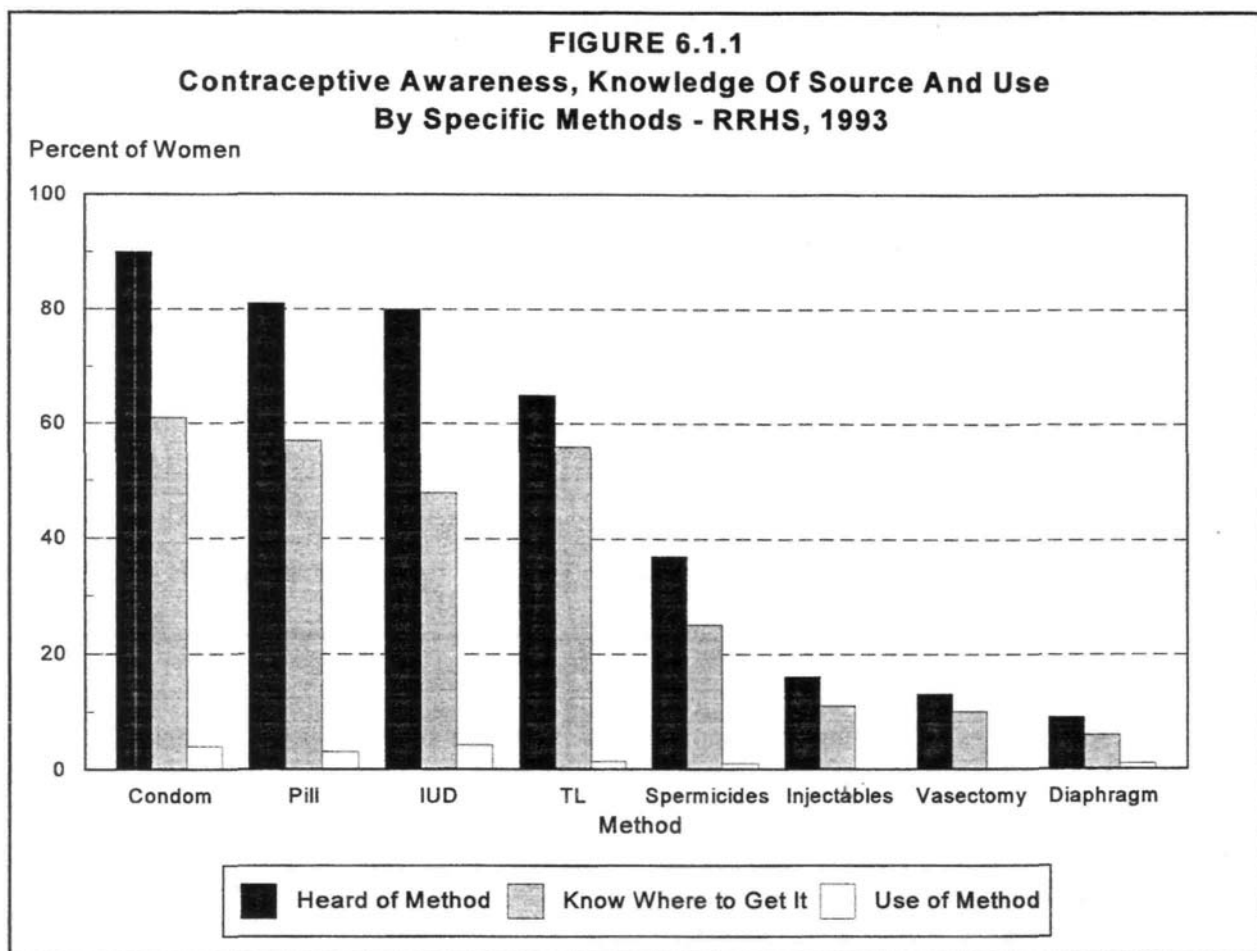
Table 6.1.2 also shows that a large majority of women in union know of at least one source of family planning (85%). A greater percentage of women in urban areas know a possible source of family planning than women in rural areas (90% versus 75%). The percentage who know a source for condoms, IUDs, and pills is 61%, 56% and 48%, respectively. Less than 60% of the women were able to correctly identify where to obtain a tubal ligation. Very few women know where to get diaphragms and injectables or where a vasectomy can be performed.

For the most widely known contraceptive methods, there is a serious gap between awareness of the method and knowledge of sources, ranging from 8 percentage points for tubal ligation to 24 percentage points for the IUD, and over 28 percentage points for the pill and condom (see also Figure 6.1.1). This discrepancy is most puzzling for Bucharest, because many educational efforts and family planning provisions have been directed there. In Bucharest, differences of as much as 33 percentage points between pill awareness and knowledge of a source and 31 percentage points for condom are difficult to explain.

TABLE 6.1.3
Percentage of Women in Union Aged 15-44 Who Have Heard About Contraceptives
and Who Know Where to Get Them, By Specific Methods and Education
Reproductive Health Survey: ROMANIA - 1993

Contraceptive Method	Percent Who Have Heard About Methods					Percent Who Know Where To Get Methods				
	Total	Primary	Some Secondary	Complete Secondary	College	Total	Primary	Some Secondary	Complete Secondary	College
Any Method	97.9	94.6	98.6	99.7	99.7	NA	NA	NA	NA	NA
Traditional Met.	90.9	90.1	95.5	97.5	98.8	--	--	--	--	--
Withdrawal	91.2	86.1	92.9	93.3	94.6	--	--	--	--	--
Calendar	83.8	69.0	82.8	93.6	97.5	--	--	--	--	--
Any Modern Met.	95.2	88.0	96.7	99.4	99.2	85.0	69.9	86.2	93.7	97.2
Condom	90.1	77.5	90.6	98.2	99.0	61.6	50.9	64.6	68.2	63.4
IUD	79.4	58.5	81.0	91.6	96.1	56.7	36.1	56.8	67.4	82.0
Pills	80.8	59.8	81.9	93.9	96.9	48.4	28.6	48.1	61.3	65.5
Tubal Ligation	65.0	54.0	60.2	72.4	84.9	56.8	41.4	52.8	66.2	81.3
Spermicide	36.7	16.8	28.6	48.7	76.6	25.7	11.3	20.3	34.6	52.4
Injectables	15.4	6.1	11.9	18.4	40.8	11.3	4.2	7.8	13.2	34.5
Vasectomy	12.5	3.3	6.2	16.9	41.0	10.2	2.2	5.3	13.3	35.4
Diaphragm	8.5	1.6	3.9	10.7	32.2	6.0	1.0	3.1	7.0	23.9
Unweighted No. of Cases	(3,542)	(940)	(972)	(1,202)	(428)	(3,542)	(940)	(972)	(1,202)	(428)

Excluding women with no or only primary education, the level of knowledge of any method, any traditional or modern methods and sources for modern methods is not significantly different for better educated women (see Table 6.1.3 and Figure 6.1.2). The least educated women have a lower level of awareness of any specific method, including traditional methods, and they are much less likely to know a source for any modern method than women with some secondary school or higher education. The gap between awareness of any modern method and knowledge of a source for it progressively narrows with the increase in education level and almost disappear for women with the highest level of education.

For most of modern methods, the ascending pattern of awareness and of knowledge of source with the increase in education becomes more obvious and a wider gap between the least educated women and those with higher education occurs. For instance, less than 60% of women with primary or no education have ever heard of IUD or pills and only one of three know where these methods can be obtained, whereas almost all women who completed the high school are aware of these methods; injectables, vasectomy and diaphragm are basically unknown methods.

FIGURE 6.1.2
Knowledge Of Modern Contraceptives And Their Source By Education
Women In Union Aged 15-44 - RRHS, 1993

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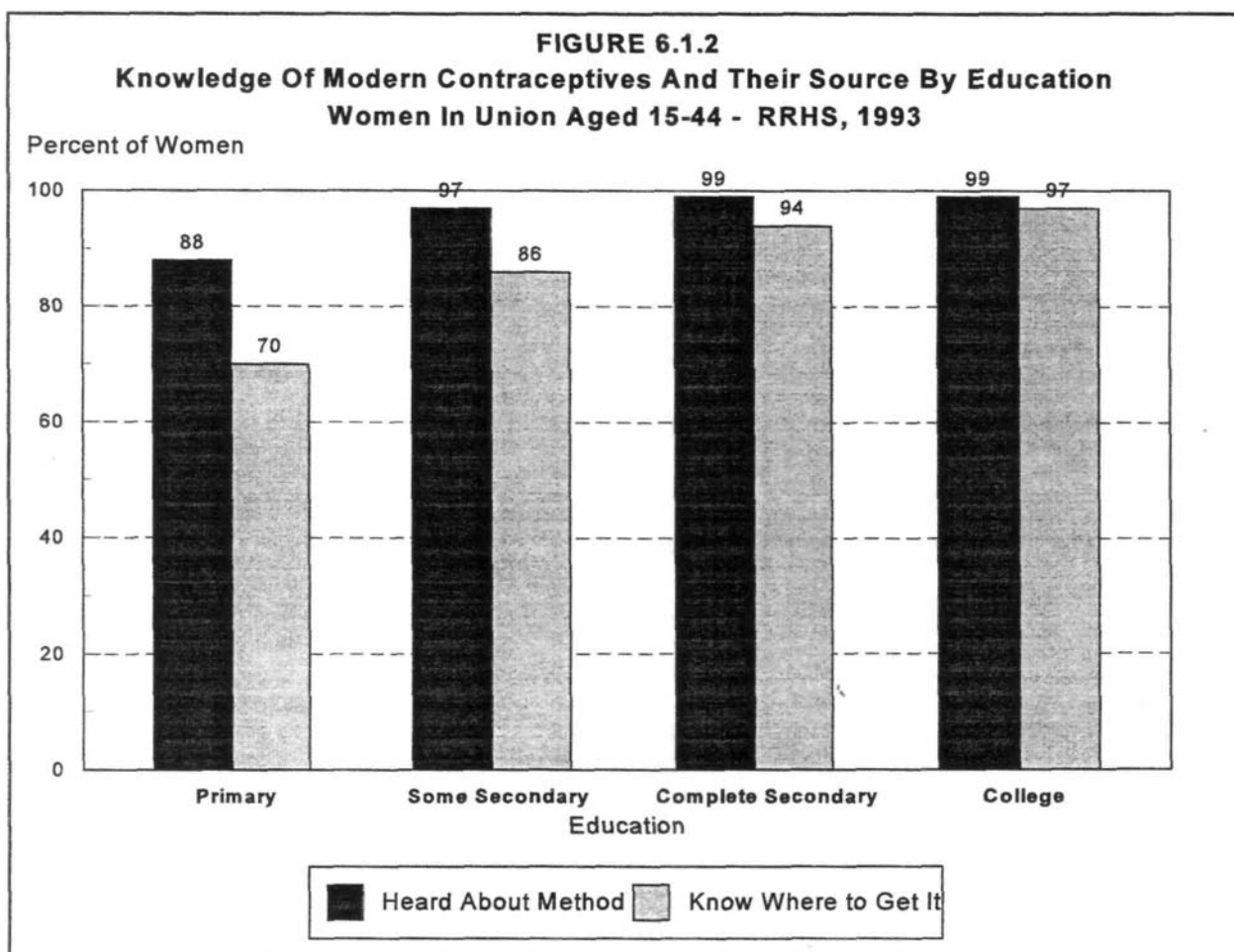
FIGURE 6.1.3
First Source Of Information About Contraception
By Specific Methods - RRHS, 1993

Percent of Women
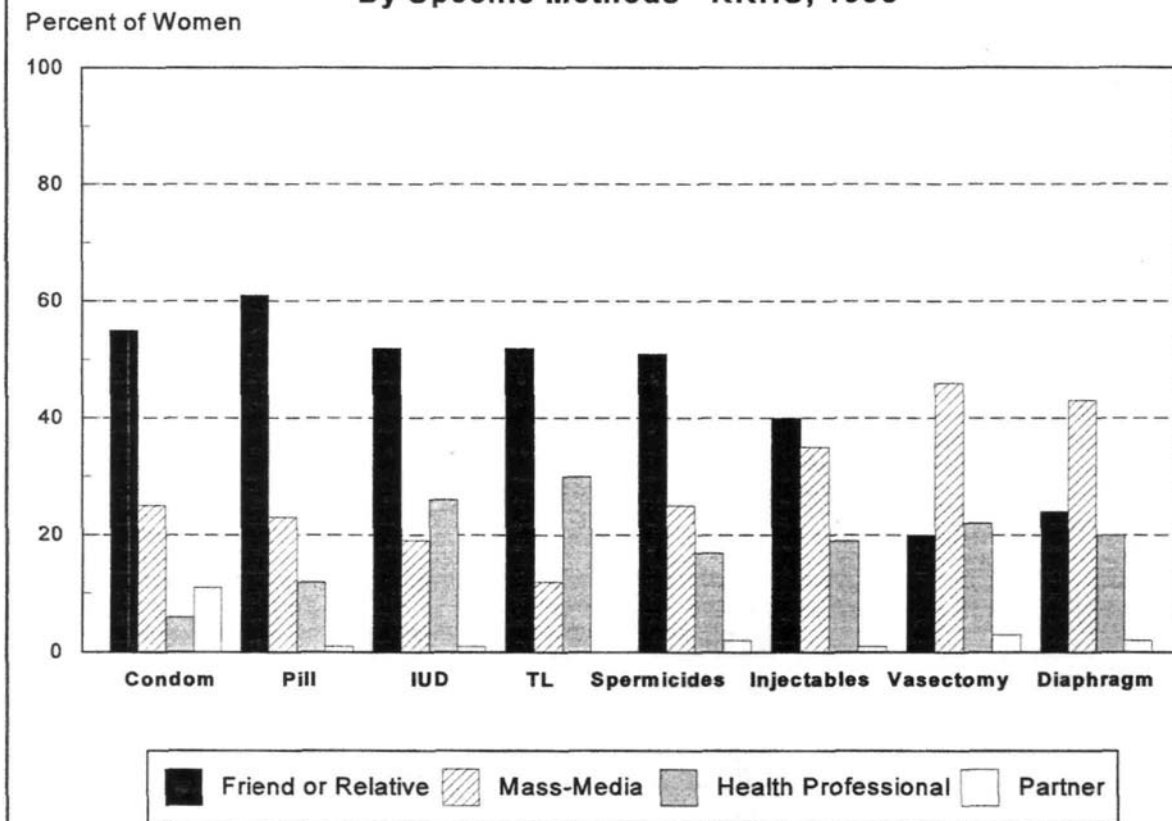
Overall, the major source of information about any contraceptive method was a female friend or acquaintance (45%), followed by mass-media (19%) and health care providers (10%). Almost 10% have first heard of contraception from their partner, 5% from a relative and only 4% mentioned their mother as the first source of information. Thus, almost two thirds of all women first heard about a contraceptive method outside of a medical or educational source so the quality of these information is uncertain. Since family planning was prohibited during Ceausescu pronatalist policy, even education programs focusing on contraception and medical advice offered at that time could represent biased sources of information for most modern methods. Even after 1990, when uncensored publications became available, mass-media have played a minor role in contraceptive educational efforts due to financial constraints, lack of specialists able to educate the public about family planning in non-technical terms, and little interest in health issues (compared with political and economical topics suddenly freed after decades of rigorous censure). Also, because of limited access to family planning literature and lack of experience with modern contraceptives, many health professionals might still be a source of misinformation and negative perceptions about contraception.

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The proportion of women who named as a primary source of their contraceptive awareness either mass-media or a health care provider increases with education level -almost 30% and 20%, respectively, for women with college- and is higher for urban residents. Is also higher when the information concern modern methods compared with traditional methods ([Figure 6.1.3](#)). For example, almost a third of women who have heard of tubal ligation and 26% of women who have heard about IUDs mentioned a medical provider or a pharmacist as the first source of information but only 3 % of women who know about the calendar method got their information from a health professional and 8% from mass-media. Mass-media was a better source of information concerning condoms and pills (25% of women who know about condom and 23% of those who have heard about the pill named this source) and is the primary source of information for the few women who are aware of vasectomy, diaphragms, and injectables.

FIGURE 6.2.1
Family Planning Awareness And Use By Marital Status
All Women - RRHS, 1993
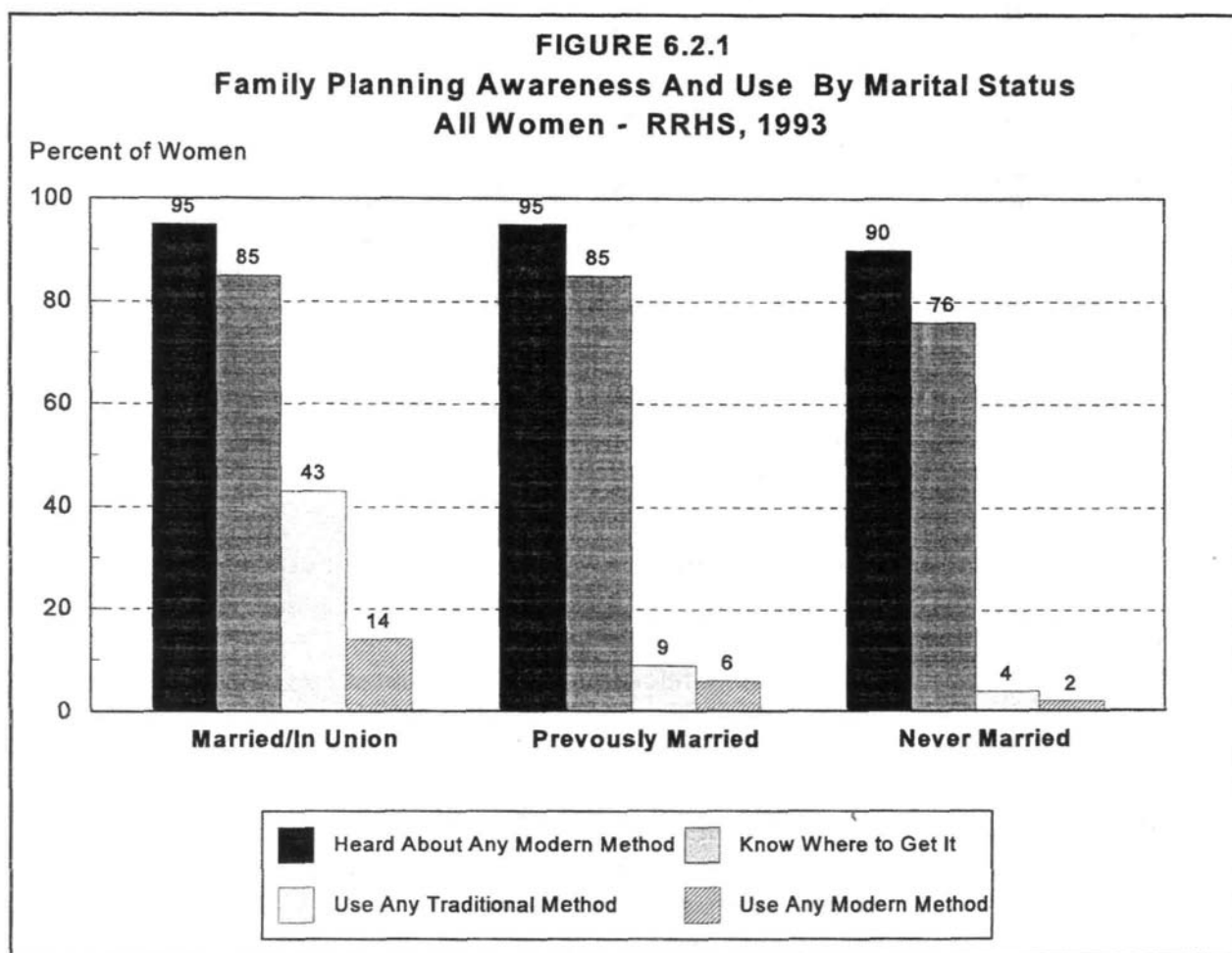
6.2 Current Contraceptive Prevalence and Its Trend

At the time of the survey 41% of all reproductive age women reported using a contraceptive method. For women currently in union contraceptive prevalence was 57 percent, 43% using traditional methods and only 14% using modern contraceptives. Figure 6.2.1 shows that contraceptive use (especially of modern methods) among women who are not currently in union is almost negligible.

As can be seen in Figure 6.2.2, the most prevalent method of family planning is withdrawal (34%) followed by the calendar method (8%). As for modern contraception, used only by 14.5% of respondents, IUD (4%), condom (4%) and pills (3%) are the most common methods. Less than one percent of women use spermicide, mostly tablets and suppositories, and only 0.3 percent are using injectables, diaphragms or other modern methods. Overall, only 1.4% of women currently in union have been contraceptively sterilized and not one respondent said that her partner has had a vasectomy.

FIGURE 6.2.2
Current Use Of Specific Contraceptive Methods
Women In Union Aged 15-44 - RRHS,1993

Nonusers   42.7%

Spermicides 0.8%
Tubal Ligation 1.4%

Pills   3.2%

Condom   4.1%

Withdrawal   35.0%

IUD   4.3%

Rhythm   8.4%
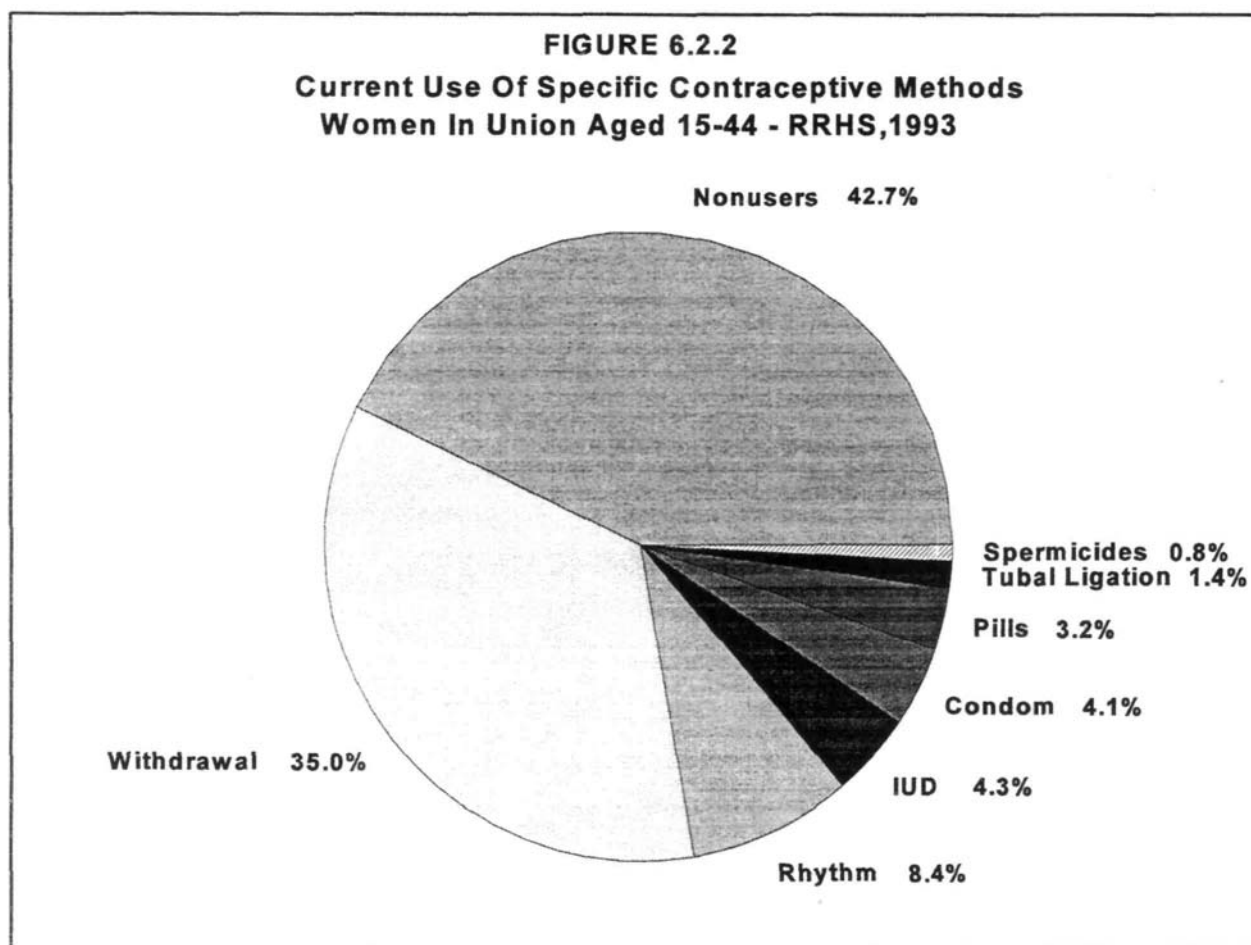
FIGURE 6.2.3

Percentage Of Women In Union Aged 15-44
Currently Using Contraception By Selected Characteristics
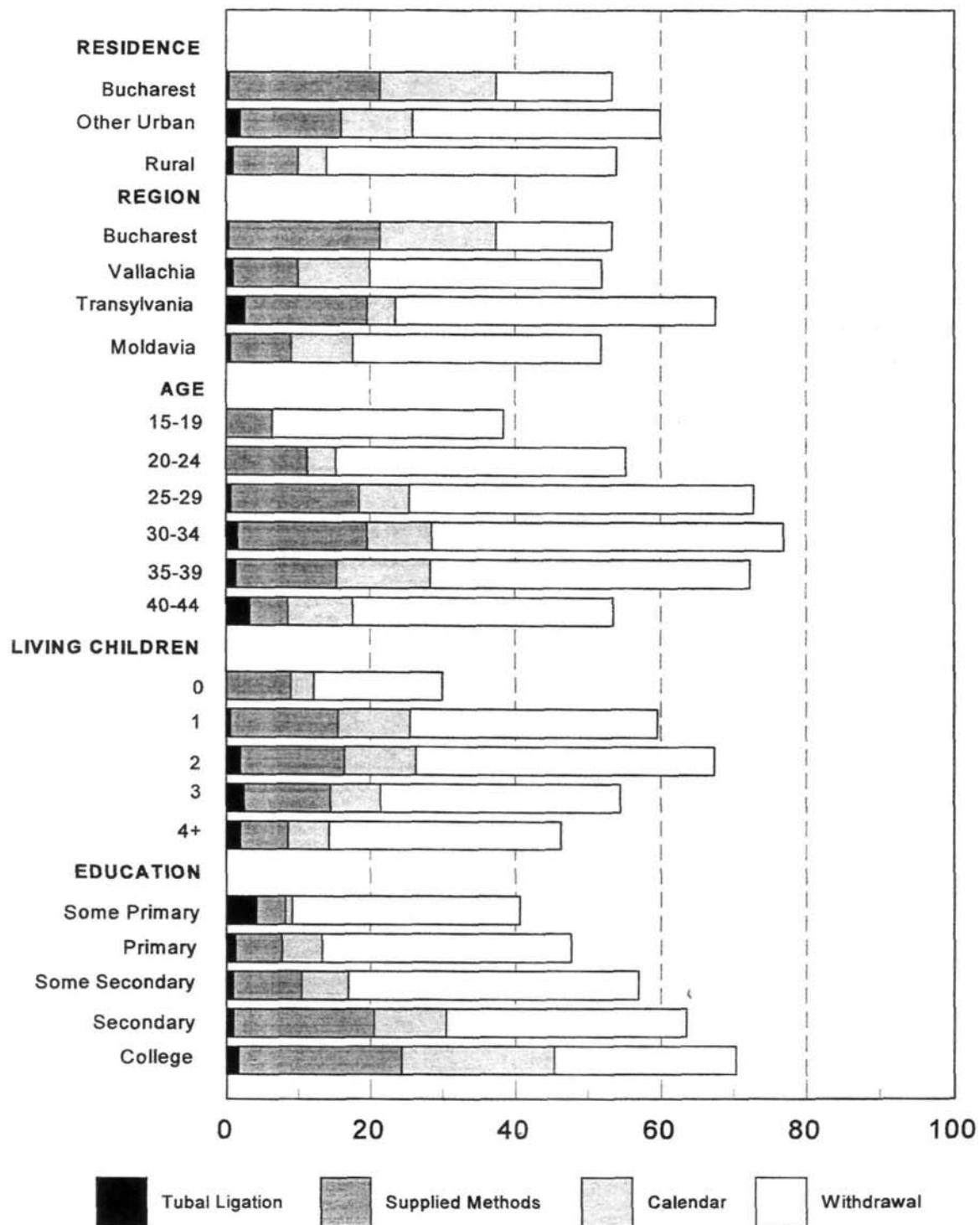
TABLE 6.2.1
Current Use of Contraceptive Methods by Residence and by Region
Women in Union Aged 15-44
Reproductive Health Survey: ROMANIA 1993
(Percent Distribution)

		Residence			Region		
Current Use & Method	Total	Urban	Rural	Bucharest	Vallachia	Transylvania*	Moldova
Currently Using	**57.3**	**58.7**	**55.1**	**53.1**	**52.1**	**67.2**	**53.1**
Traditional Method	43.4	42.0	45.7	32.8	42.0	48.0	44.4
Withdrawal	35.0	31.1	41.5	16.8	32.0	44.1	35.9
Calendar	8.4	10.9	4.2	16.0	10.0	3.9	8.5
Modern Method	13.9	16.7	9.4	20.4	10.1	19.2	8.7
IUD	4.3	5.1	2.8	5.8	3.1	6.5	1.8
Condom	4.0	5.1	2.4	8.1	3.2	3.6	4.1
Pills	3.2	3.9	2.0	4.2	1.4	5.8	1.6
Tubal Ligation	1.4	1.5	1.1	0.4	1.0	2.6	0.6
Spermicides	0.8	0.7	1.0	1.4	1.2	0.3	0.6
Injectables	0.0	0.0	0.0	0.1	0.0	0.0	0.0
Other	0.2	0.4	0.1	0.4	0.2	0.4	0.0
Not Currently Using	**42.7**	**41.3**	**44.9**	**46.8**	**47.9**	**32.8**	**46.9**
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Unweighted Number of Cases	(3,542)	(2,312)	(1,230)	(764)	(1,148)	(1,029)	(601)

* Also includes three *judets* in Banat

Urban residents (see Figure 6.2.3 and Table 6.2.1) have a slightly higher contraceptive prevalence than rural women, but more significant is the variation in prevalence of specific contraceptive methods by residence. Traditional methods prevail in all subgroups. Withdrawal is the most prevalent family planning method for both rural women (42%) and urban women (31%). The calendar method is the second most heavily used (8%), especially in urban areas.

Urban residents have the highest prevalence of modern methods (17%). The proportions using specific modern methods vary, but are very low. For both urban and rural areas, the IUD is the most frequently used modern method, followed by condoms and the pill, but there is no significant difference in use of these methods. Contraceptive prevalence also differs slightly by region. Residents of Transylvania have the highest contraceptive prevalence rate (67%), but this is based on a heavy reliance on withdrawal (44%). In Bucharest, only 53% of women are using a contraceptive method but they have the highest use of modern methods. It is also the only region where the calendar method is used (16%) equally with withdrawal (17%). Both Moldova and

Vallachia (Muntenia) have low contraceptive rates, 52% and 53%, respectively, with high prevalence of traditional methods. As mentioned, modern methods are the most prevalent in Bucharest (20%). The higher usage of condoms is also notable (8%) followed by IUD usage (6%). This might reflect better availability but may also be associated with education level, since more than 50% of respondents in Bucharest had completed secondary or higher education. The prevalence of modern methods in Transylvania (19%) is essentially equal to Bucharest, with the IUDs and pills used by the highest proportion of women in the country. Moldova and Vallachia have the lowest prevalence of modern methods--9 and 10 percent respectively.

Younger and older women in union are the least likely to be using contraception than are women at the peak of their reproductive life (see Table 6.2.2). The highest contraceptive usage is among women 30-34 (69%) and the next highest among women aged 25-29 (66%). These age groups also have the highest modern methods usage, especially IUDs and condoms.

TABLE 6.2.2
Current Use of Specific Contraceptive Methods by Age Group
Women in Union Aged 15-44
Reproductive Health Survey: ROMANIA 1993
(Percent Distribution)

Current Use & Method	Total	Age Group					
		15-19	20-24	25-29	30-34	35-39	40-44
Currently Using	**57.3**	**39.9**	**52.8**	**65.9**	**69.3**	**57.3**	**44.4**
Traditional Method	43.4	33.4	41.4	48.4	49.3	42.8	36.8
Withdrawal	35.0	33.4	37.4	41.5	39.9	30.4	27.6
Calendar	8.4	0.0	4.0	6.9	9.4	12.4	9.2
Modern Method	13.9	6.5	11.4	17.5	20.0	14.5	7.6
IUD	4.3	0.0	3.4	6.3	6.8	4.4	1.2
Condom	4.0	0.8	3.3	5.5	5.1	4.3	2.6
Pills	3.2	1.2	3.6	4.0	5.4	3.1	0.4
Tubal Ligation	1.4	0.0	0.0	0.6	1.6	1.4	3.1
Spermicides	0.8	4.5	0.8	0.8	0.6	0.9	0.3
Injectables	0.0	0.0	0.1	0.0	0.0	0.0	0.0
Other	0.2	0.0	0.2	0.3	0.5	0.4	0.0
Not Currently Using	**42.7**	**60.1**	**47.2**	**34.1**	**30.7**	**42.7**	**55.6**
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Unweighted Number of Cases	(3,542)	(105)	(569)	(724)	(746)	(785)	(613)

TABLE 6.2.3
Current Use of Contraceptive Methods by Number of Living Children
Women in Union Aged 15-44
Reproductive Health Survey: ROMANIA 1993
(Percent Distribution)

Current Use & Method	Total	Number of Living Children				
		0	1	2	3	4+
Currently Using	57.3	31.8	60.0	67.2	54.1	44.6
Traditional Method	43.4	22.8	44.5	51.1	41.0	37.0
Withdrawal	35.0	19.7	34.9	41.0	33.7	31.4
Calendar	8.4	3.1	9.6	10.1	7.3	5.6
Modern Method	13.9	9.0	15.5	16.1	13.1	7.6
IUD	4.3	0.6	5.8	4.8	3.4	3.1
Condom	4.0	4.1	4.5	4.6	3.4	1.2
Pills	3.2	2.7	3.4	3.7	2.9	1.5
Tubal Ligation	1.4	0.0	0.6	1.9	2.4	1.8
Spermicides	0.8	1.3	0.9	0.8	0.8	0.0
Injectables	0.0	0.1	0.0	0.0	0.0	0.0
Other	0.2	0.2	0.3	0.3	0.2	0.0
Not Currently Using	42.7	68.2	40.0	32.8	45.9	55.4
Total	100.0	100.0	100.0	100.0	100.0	100.0
Unweighted						
Number of Cases	(3,542)	(442)	(1,092)	(1,319)	(398)	(290)

There are important differences in the rates and characteristics of contraceptive use according to the number of living children (see Table 6.2.3). Contraceptive use rapidly increases with the number of living children, reaching a peak among women with two children (67%) and declining thereafter. However, the reliance on traditional methods compared with modern methods consistently increases with the number of living children. The ratio of traditional methods to modern methods is 2:1 for childless women, 3:1 for women with 1-3 children and 4:1 for women with 4 or more children.

Only 32% of childless women in union are using contraception and only one third of them are using a modern method, mostly condoms or the pill. For women with one or two children, only one fourth use a modern method; IUD usage is most prevalent (6% and 5%, respectively). Almost all women who have been sterilized have at least two children.

TABLE 6.2.4
Percent Distribution of Current Users of Specific Contraceptive Methods By Education
Women in Union Aged 15-44
Reproductive Health Survey: ROMANIA, 1993

Current t Use & Method	Total	Education Level				
		Primary Incomplete	Primary Complete	Secondary Incomplete	Secondary Complete	Postsec.& University
Currently Using	**57.3**	**41.8**	**46.6**	**56.8**	**64.1**	**71.3**
Traditional Method	43.4	34.2	40.0	46.4	43.9	47.1
Withdrawal	35.0	33.5	34.6	40.2	34.1	26.2
Calendar	8.5	0.7	5.4	6.2	9.8	20.9
Modern Method	13.9	7.5	6.6	10.4	20.2	24.2
IUD	4.3	2.3	1.9	3.3	7.0	4.8
Condom	4.0	0.4	1.2	2.6	5.6	11.8
Pills	3.2	0.4	2.0	2.5	5.2	3.3
Tubal Ligation	1.4	4.0	1.2	1.0	1.1	1.6
Spermicides	0.8	0.4	0.0	0.9	0.8	2.5
Injectables	0.0	0.0	0.0	0.0	0.0	0.1
Other	0.2	0.0	0.3	0.1	0.5.	0.1
Not Currently Using	**42.7**	**58.3**	**53.4**	**43.2**	**35.9**	**28.7**
Total	100.0	100.0	100.0	100.0	100.0	100.0
Unweighted No.of Cases	(3,542)	(215)	(725)	(972)	(1,202)	(428)

Contraceptive use steadily increases with increasing education level (Table 6.2.4). Women in the lowest education category have the lowest rate of contraceptive use (42%), whereas women who attended college or postsecondary school have the highest contraceptive prevalence (71%).

Traditional method use prevails even for better educated women, but the ratio of traditional/ modern contraceptive use decreases from 5 to 6:1 for poorly educated women to 2:1 for women who have completed secondary school or higher education. Calendar method use is strongly correlated with education, increasing from less than one percent for the least educated women to 21% among the most educated group. Withdrawal, the most prevalent method for all the subgroups, does not show any consistent pattern by education. The use of modern methods rapidly increases once a woman has a secondary complete or higher education. The IUD, the condom, and the pill are the methods preferred by women who completed high school, whereas condom is the modern method most used by women with a higher education.

Table 6.2.5 summarizes the contraceptive prevalence by background characteristics and underlines that the prevalence rate for modern methods is always lower than for traditional methods, never exceeding 28%. It also shows that among current users, three quarters are using either withdrawal or the calendar. For all demographic characteristics shown, modern contraceptive use for current users never exceeds the prevalence of traditional methods for any specific subgroup. Only for women classified as having high socio-economic status (47%), who live in Bucharest (38%), or who have postsecondary education (34%), does the use of modern methods exceed one third of the total use.

TABLE 6.2.5
Percent Distribution of Current Users of Traditional and Modern Contraceptive Methods
By Selected Characteristics
Women in Union Aged 15-44 - Reproductive Health Survey: ROMANIA, 1993

Characteristics	Any Method	Traditional Methods	Modern Methods	Percent of Current Users Using Modern Methods	Unweighted No. of Cases
Total	**57.3**	**43.4**	**13.9**	**24**	**3,542**
Residence					
Urban	58.7	42.0	16.7	28	2,312
Rural	55.1	45.7	9.4	17	1,230
Region					
Bucharest	53.1	32.8	20.4	38	764
Vallahia	52.1	42.0	10.1	20	1,148
Tansylvania	67.2	48.0	19.2	29	1,029
Moldova	53.1	44.4	8.7	16	601
Age Group					
15-19	39.9	33.4	6.5	16	105
20-24	52.8	41.4	11.4	22	569
25-29	65.9	48.4	17.5	27	724
30-34	69.3	49.3	20.0	29	746
35-39	57.3	42.8	14.5	25	785
40-44	44.4	36.8	7.6	17	613
Education Level					
Primary	45.2	38.6	6.6	15	940
Secondary incompl.	56.8	46.4	10.4	18	972
Secondary complete	64.1	43.9	20.2	32	1,202
Postsecondary & Univ.	71.3	47.1	24.2	34	428
Number of Living Children					
0	31.8	22.8	9.0	28	443
1	60.0	44.5	15.5	26	1,092
2	67.2	51.1	16.1	24	1,319
3	54.1	41.0	13.1	24	398
4+	44.6	37.0	7.6	17	290
Socioeconomic Status					
Low	51.0	42.7	8.3	16	1,280
Medium	61.3	46.3	15.0	24	1,821
High	66.8	38.7	28.1	42	441

FIGURE 6.2.4
Prevalence Of Traditional And Modern Methods
All Women, 1988-1993 -RRHS,1993
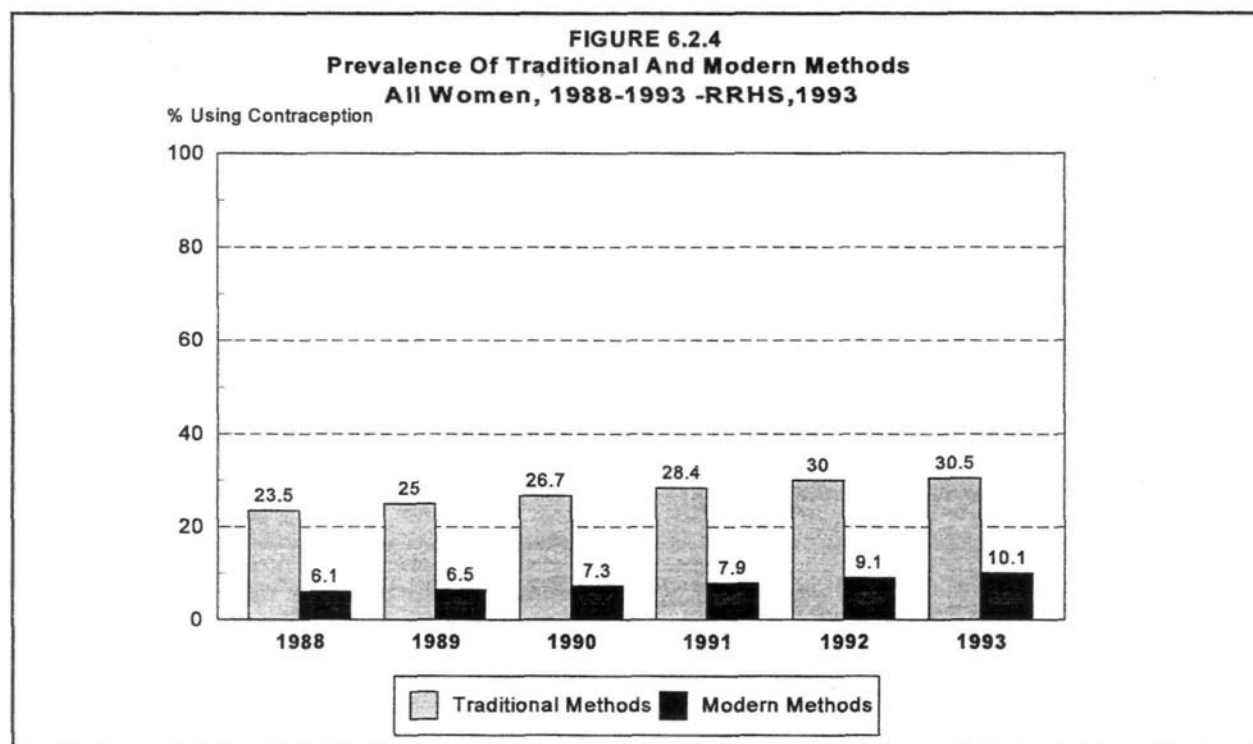
The study of contraceptive prevalence before and after the repeal of the restrictive law shows little change in contraceptive use (Figure 6.2.4). Moreover, the slight increase seen is parallel for both traditional and modern methods, despite the efforts of the new government to promote modern contraceptive use. It is noteworthy however, that the increase in modern contraceptive use is almost entirely due to increase usage of IUDs and condoms whereas the pill usage does not show any change (Table 6.2.6).

TABLE 6.2.6
Contraceptive Prevalence By Specific Method
All Women Aged 15-44 - RRHS, 1993

Method	1988	1989	1990	1991	1992	1993
Traditional Method	23.5	25.0	26.7	28.4	30.0	30.5
Withdrawal	17.9	19.3	20.8	22.2	23.7	24.1
Calendar	5.6	5.7	5.9	6.2	6.3	6.4
Modern Method	6.1	6.5	7.3	7.9	9.1	10.0
IUD	0.6	0.6	0.9	1.4	2.0	2.5
Condom	1.7	1.9	2.2	2.6	3.0	3.0
Pills	2.2	2.3	2.3	2.0	2.1	2.3
Tubal Ligation	0.7	0.8	0.9	0.9	0.9	1.0
Spermicides	0.4	0.4	0.4	0.4	0.4	0.5

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These data are based on the month-by-month contraceptive experience recorded for all women who ever used a contraceptive method in the last five years. Since equally detailed month by month history of marital status was not obtained, annual contraceptive prevalence rates for women in union cannot be computed.

6.3 Source of Contraceptive Methods and Their Cost

In order to assess source of contraceptive methods, the RRHS included questions about the place where current users of supplied contraceptive methods obtain their methods. Since the family planning program was only recently instituted by the government and nongovernmental organizations, and since a nationwide contraceptive logistics system has only recently been outlined and is not yet functional, information regarding sources of contraception is of great interest.

Pharmacies, either public or private, are the most important sources of contraception; they provide 38% of me women in union who are currently using a modern method of contraception. Because pharmacies are the subject of a rapid process of privatization, it is very difficult to differentiate between public, private and mixed ownership status. The next most important source, supplying 31% of current users, is the public sector through 'contraceptive cabinets' set up mainly in hospitals, but also in polyclinics and dispensaries. Surprisingly, the third most important source of contraceptives is the "black market" which supplies almost 17% of users. The private sector and the principal family planning nongovernmental organization (NGO), the Sexual Education and Contraception Society (SECS), supply only 4% and 1% of users, respectively. Other sources, such as friends, relatives, partners, supply as much as 6% of users (see Table 6.3).

The source varies greatly according to the particular contraceptive method used. Pharmacies are the principal provider for condoms and pills (supplying 59% of condom users and 42% of pill users) and the second provider for IUD users (19%). The government's family planning network provides most of the IUD users (59%) but supplies only 10% of pill users and very few condom users (1%). The private sector accounts for 13% of IUD coverage, 2% of pills and no condoms; SECS is a less likely source for all these methods supplying 3% of pill users, 2% of IUD users and less than 1 % of condom users. As to underline the deficiency in logistics management, the second most used source for condoms and pills (30%) is the black market. All tubal ligation were performed in governmental hospitals, the only settings fully equipped for such interventions; in Romania tubal ligation is often perform during another surgical intervention which requires laparotomy (e.g. cesarean section) and the new techniques of minilaparotomy and laparoscopic sterilization are basically unknown.

TABLE 6.3

Percent Distribution of Current Users of Modern Contraceptive Methods by Main Source of Supply
According to Specific Methods
Women in Union Aged 15-44 - Reproductive Health Survey: ROMANIA, 1993

Source of Supply	All Methods	Modern Methods				
		IUD	Condom	Pill	Female[*] Sterilization	Other
Pharmacy	37.9	18.6	61.2	42.3	0.0	61.3
Public Sector	31.1	59.0	1.1	9.7	100.0	10.6
Hospital	27.2	51.8	0.0	4.9	100.0	8.1
Policlinic	2.8	7.2	0.0	1.3	0.0	2.5
Dispensary	1.1	0.0	1.1	3.5	0.0	0.0
Private doctor/clinic	4.4	12.7	0.0	2.2	0.0	0.0
SECS	1.3	1.7	0.3	3.1	0.0	0.0
Black Market	16.6	3.4	28.0	29.6	0.0	8.9
Other	5.8	3.3	4.2	9.7	0.0	16.8
Don't Know	2.9	1.4	5.6	3.4	0.0	2.5
Total	100.0	100.0	100.0	100.0	100.0	100.0
Unweighted No.of Cases	(534)	(167)	(164)	(122)	(38)	(43)

* information on one woman who has been contraceptive sterilized are missing

There are hardly any significant differentials in the main source of contraception according to residence, region , education and socioeconomic level of the current users. Urban women are slightly more likely to obtain their method from pharmacies whereas a higher proportion of rural women got their method at the black market. The black market is also the second most important source of contraceptives, after pharmacies, for resident of Moldavia (31%), while the governmental sector provides only 20% and of these women. In Bucharest, one in two currently in union woman is getting her supplies from a pharmacy. Less educated women and women with low socioeconomic status are more likely to get their contraceptive supplies from governmental clinics or black market while about half of women with high education or socioeconomic status get their methods from pharmacies.

Information about the cost of modern methods were obtained from two thirds of women in union currently using modern contraceptives. Almost 13% obtained their methods free of charge and 24% either were not asked (women with tubal ligation, since the intervention is mostly performed

in conjunction with other surgery), or they did not know the price, especially when their partner provided the method (24% of condom users, 10% of IUD and pills users). For those who paid for a modern method, the average cost was almost 2,000 lei for IUD, 650 lei for a cycle of pills and 60 lei for a condom (1,000 lei=$ US 1.00). The cost varies according to the source of supplies but given the small number of cases the differences are not significant. In general, pharmacies and governmental clinics charge similar prices for specific methods, while the private sector is more expensive and the black market is less expensive for condoms.

Most of the contraceptive supplies available in Romania are purchased from UNFPA by the Ministry of Health (MOH) family panning program, a sub-component of the Health and Rehabilitation Project financed by World Bank. These supplies, however, are distributed through pharmacies and not through the government FP clinic. This explains why the pharmacies represent the second most important source of IUDs, which have to be purchased by women prior to insertion in a governmental FP clinic. The only methods generally available at the public clinic level are donations made by international NGOs or foreign pharmaceutical companies. Thus, the public sector is the only important source of free of charge contraceptive methods. Of the 13% women who currently use modern contraceptives and did not pay for them, more than a half received their method free of charge in a governmental clinic. When these clinics decide to sell some of their supplies (e.g. to cover educational activities), they generally charge a similar price as public pharmacies.

With the expansion of privatization in Romania, supplies directly imported by private distributors have become a growing source of modern contraceptives sold in pharmacies. These methods are 4-5 times more expensive than those imported by MOH but are available in large quantities and various brand names. An increase consumer demand might increase competition between suppliers, possibly lowering the prices in the future.

6.4 Reasons for Not Using Contraception

To better understand the low prevalence of modern contraception and the barriers to the newly created family planning program, all women were asked the primary reason for not using contraception. Moreover, women using a traditional method, were asked why they are not using a modern method, how they assess the effectiveness of their method, and whether they want to change their current method. Both nonusers and traditional method users, who desire to change the current method, were asked what method they would prefer.

Table 6.4 summarizes the primary reasons given for not using contraception, by marital status. About half of nonusers report lack of sexual activity as the first reason; 95 % of never married women, 70% of previously married, and 5% of currently in union women give this reason. Almost one fourth of all nonusers and almost a half of women in union, maintained that they cannot become pregnant, either because they or their partner were told that they are infertile, or they tried to become pregnant for at least two years without success.

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Seventeen percent of nonusers in union give a pregnancy-related reason (currently pregnant or trying to get pregnant) as the prime reason for not using contraception, 5% report difficulty getting pregnant, and only 4% are postpartum or breastfeeding. Fear of side effects is accounted by 4% of nonusers as the first reason for not using contraception. Only 5 % of women claim they never thought of using a contraceptive method and an equal number say that their partner opposes contraceptive use. Only 3% of nonusers in union says they don't use contraception because they prefer abortion to control their fertility. Only 1% of women perceive accessibility, availability or cost as the principal reason for not using a method.

TABLE 6.4
Primary Reason for Not Using Contraceptive Methods by Marital Status
Women 15-44 Years of Age
Reproductive Health Survey: ROMANIA, 1993
(Percent Distribution)

| | | Marital Status | | |
| | | Married/ | Previously | Never |
Reason for Not Using	Total*	In Union	Married	Married
Not Sexually Active	49.8	4.2	72.4	95.9
Infertile/Surgery/Menopause	23.6	45.6	15.4	0.9
Pregnant	4.5	9.1	0.0	0.2
Trying to Get Pregnant	4.2	8.4	0.4	0.1
Postpartum/Brestfeeding	2.3	4.7	0.4	0.0
Difficult to Get Pregnant	2.2	4.4	0.6	0.0
Fear Health Effects	2.4	4.4	1.0	0.2
Occasional Sex Only	1.7	1.6	3.7	1.5
Never Thought but Would Like to Use	1.8	3.1	0.8	0.6
Partner Opposes Use	1.4	2.8	0.4	0.0
Prefer Abortion	1.5	3.0	0.4	0.1
Access, Cost, Availability	0.5	1.0	0.0	0.0
Religion	0.3	0.7	0.0	0.0
Previous Side Effects	0.3	0.4	1.3	0.0
Other/Don't Know	1.5	3.1	0.6	0.2
Total	100.0	100.0	100.0	100.0
Unweighted No. of Cases	(2,693)	(1,495)	(237)	(966)

*/ information on three women in union are missing;

6. 5 Nonusers and Traditional Method Users

Table 6.5 displays the percent distribution of women currently in union who do not use any method or use a traditional method, by desire to use a specific contraceptive method, and by residence. Nonusers are slightly more likely to desire modern contraception than traditional contraception users, but the difference is not statistically significant (18% versus 16%). Residents of Bucharest appear to be more interested in using a modern method in both groups-25 % and 21 % respectively- but again the differences are not statistically significant.

The most important finding is that fewer than 18% of non-users and less than 16% of users of traditional methods expressed a desire to use a modern method. Four out of five traditional method users do not want to change their current method.

The desire for a specific modern method does not vary considerably among nonusers and traditional methods users except for the difference in potential sterilization use. Almost all nonusers who intend to use a modern method in the near future desire to use either IUD (45 %),

TABLE 6.5.1
Current Desire to Use Specific Contraceptive Methods for Fecund Women in Union 15-44
Who Do Not Currently Use a Modern Method
By Residence - Reproductive Health Survey: ROMANIA, 1993

Desire to Use &Method	Total	Nonusers*				Traditional Method Users			
		Total	Bucharest	Other Urban	Rural	Total	Bucharest	Other Urban	Rural
Any Modern Method	**15.8**	**17.6**	**25.0**	**14.9**	**18.1**	**15.8**	**21.3**	**17.4**	**12.7**
IUD	7.0	8.2	8.9	8.0	8.1	6.7	10.1	6.9	5.6
Pills	5.6	4.5	8.9	3.1	5.2	5.6	8.7	6.3	4.7
Tubal Ligation	0.8	2.6	4.0	3.1	1.7	0.2	0.0	0.3	0.2
Condom	0.8	0.5	0.0	0.6	0.6	0.8	0.4	0.8	0.9
Local Spermicides	0.6	0.6	3.0	0.0	0.6	0.6	1.8	0.9	0.0
Injectables	0.3	0.1	1.0	0.0	0.0	0.4	0.4	0.3	0.5
Other	0.9	1.0	2.0	0.0	1.7	1.0	0.0	1.0	0.9
Traditional Method	**1.0**	**3.7**	**3.0**	**3.1**	**4.6**	**0.3**	**0.7**	**0.1**	**0.3**
Not Sure	5.0	4.7	0.0	4.3	6.4	3.0	2.2	2.6	3.6
Don't Want Use/Change	78.2	73.5	71.9	77.6	69.7	80.9	75.8	79.8	83.4
Unweighted No. of Cases	(1,888)	(380)	(82)	(141)	(157)	(1,508)	(255)	(688)	(565)

*/ Excludes infecund/subfecund women in union , women currently pregnant or trying to get pregnant and women in postpartum amenorrhea or brestfeeding

the pill (29%) or contraceptive sterilization (15%); for those who currently use a traditional method, the preferences are 44% for IUD, 38% for the pill and only 1% for sterilization. The hierarchy of their preferences do not change by residence.

Users of traditional methods were asked how important were several reasons specified in the questionnaire in their decision not to use a modern method. Table 5.8 illustrates only the percentage of women who assert as very important or somewhat important the given reasons. Most women stated that fear of side effects, partner preference and little knowledge about modern methods are the major reasons in their decision not to use a modern method. About one-third cited the difficulty of obtaining modern methods or their cost. One-fourth acknowledged as an important reason that the doctor recommended the use of traditional methods. Only 12% considered their religious beliefs an important factor in their contraceptive decision.

TABLE 6.5.2
Percent of Women in Union 15-44 Years of Age Using Traditional Methods of Family Planning
Who Specified the Following Reasons As Important in Their Decision
To Not Use A Modern Method
Reproductive Health Survey: ROMANIA 1993

Reason Given	Total	Traditional Method	
		Withdrawal	Calendar
Fear of Side Effects	70.6	70.5	71.0
Partner Prefers Traditional Methods	67.3	68.0	64.3
Little Knowledge of Other Methods	61.1	63.9	49.4
Difficult To Obtain	38.4	38.2	39.5
Cost	34.3	35.9	27.6
Doctors' Recommendation	24.2	22.1	33.0
Religious Beliefs	11.5	11.7	10.6
Unweighted No. of Cases	(1,509)	(1,180)	(329)

Table 6.5.3 shows the opinions of women in union using traditional methods comparing the effectiveness of their method versus the effectiveness of modern methods (e.g. the pill, IUD) by education. Unexpectedly, more than a half consider their method more effective (34%) or equally effective (29%) to modern methods and this belief is not affected significantly by education. These findings highlight the public's lack of correct information about modern contraceptives and women's trust in the traditional methods historically practiced in Romania to prevent pregnancy. Their trust in traditional methods is not justified if one considers the high failure rates associated with these methods (Table 6.6.1).

If modern contraception is to replace these practices and beliefs, more efforts must be targeted toward heightening public awareness through community education and patient counseling in family planning clinics.

TABLE 6.5.3
Opinion of Women in Union 15-44 Years of Age Using Traditional Methods of Family Planning
Concerning Effectiveness of Current Method Compared With Effectiveness of the Pill or IUD
By Education -- 1993, RRHS
(Percent Distribution)

| | Effectiveness of Current Method | | | | | |
Education Level	More Effective	Equally Effective	Less Effective	Don't Know	Total	Number of Cases
Total	**32.7**	**29.8**	**18.9**	**18.6**	**100.0**	**(1,505)**
Primary	36.2	21.5	16.4	25.9	100.0	(350)
Secondary Incompl.	30.5	29.9	18.7	20.0	100.0	(446)
Secondary Complete	33.8	32.4	22.2	11.6	100.0	(519)
Postsec & University	38.2	34.8	19.5	7.5	100.0	(190)

6.6 Contraceptive Failure and Discontinuation Rates

Contraceptive failure and discontinuation rates were calculated using information collected through a detailed month-by-month pregnancy and contraceptive use history in the last five years preceding the survey. If, as is usually the case, some women did not report pregnancies ending in abortions and they had been using contraception at the time of conception, the rates could be seriously underestimated. In order to reduce this risk, we calculate failure and discontinuation rates only using segments of contraceptive use initiated after the abortion became legal, from January 1990 through June 1993 (we use this cut-off for all women, even through the history was extended up to the end of the year, to be sure that the respondents were aware of all the pregnancies occurring toward the end of observed period). Even taken these precautions, since the overall level of abortion reported in the survey for this time frame is actually 15% lower than that reported by official sources (see also Chapter V), the rates reported here are minimum estimates, and the true rates are probably somewhat higher than shown in Table 6.6.1.

Life table analysis of segments of contraceptive use was employed to estimate the monthly probabilities of failure and of discontinuing contraceptive use for all women who were using a contraceptive method during the observed period (January 1990-September 1993). Linking

together these probabilities, 12-month contraceptive discontinuation and failure rates can be calculated. They represent the proportion of users who stop using their method within the "first year" of use for any reason (discontinuation rate) or because they become pregnant while using the method (failure rate). "First year" of use refers to uninterrupted intervals of use of 12 months; a new interval starts when a woman begins to use a method for the first time or when she resumes its use after a period she had used another or no method. When more than one method had been used during any month, that month contraceptive experience is assigned only to the most effective of the two methods.

Overall, almost 40% users discontinue their method use during the first year and one in four users experienced a pregnancy while been using a contraceptive method (Table 6.6.1). Discontinuation and failure rates vary considerably by contraceptive method used. About 40% of women discontinue the use of traditional methods after the first year of use; for both withdrawal and the calendar method, 30% result in method failure within 12 months of initiating use. Thus, the high discontinuation rate is accounted for by method failure (78% for withdrawal and 75% for calendar method).

The condom also has a high failure rate of 21 % which accounts for almost half of the reasons for which this method was discontinued. The high failure rate reported for condom (higher than that reported in other national household surveys) might be explained through incorrect or inconsistent use, or through poor quality since a third of condom users were obtaining their method from uncontrolled sources (black market, friends, relatives, etc.).

TABLE 6.6.1
Twelve Month Life Table Contraceptive Failure and Discontinuation Rates By Method
All Segments of Contraceptive Use Initiated After The Change in Legislation
Reproductive Health Survey: ROMANIA, 1993

Method	Failure		Discontinuation		
	Failure Rates	Standard Error*	Discontinuation Rates	Standard Error*	Percent of Discontinuation Due to Method Failure
All Methods	25.9	(1.4)	38.8	(1.4)	66.7
Traditional Methods					
Withdrawal	30.0	(1.9)	38.3	(1.9)	78.3
Calendar	30.7	(3.5)	41.0	(3.5)	74.9
Modern Methods					
Pills	2.4	(2.9)	38.9	(4.3)	6.2
IUD	4.1	(2.3)	14.2	(5.4)	28.9
Condom	21.5	(3.9)	46.9	(4.2)	45.8

* Standard Errors were estimated using a design effect of 2.0 applied to the survival standard errors generated by the Life test SAS procedure.

The low failure rates at 12 months for pill and IUD are comparable with rates published in the literature (2.4% for the pill and 4% for IUD). Is interesting to note, however, that as many as 39% of pill users discontinue to use pills after the first year, despite the low failure rate associated with this method. As can be seen in Table 6.6.2, the experience of side effects or fear of side effects and doctor's recommendation to stop using pills account for more than a half of reasons of discontinuing pills use. The IUD discontinuation rate after first year of use is the lowest among all contraceptive methods (14.2%) and among women who stopped using the IUD, more than a half cited side effects and health concern as the main reason for discontinuing IUD use during the first year.

TABLE 6.6.2
Twelve Month Life Table Contraceptive Discontinuation Rates By Main Reasons of Stopping Using Contraception
By Method
All Segments of Contraceptive Use Initiated After The Change in Legislation
Reproductive Health Survey: ROMANIA, 1993

Method	Reason for Discontinuing Contraception *					
	Method Failure	Desire to Become Pregnant	Side Effects/ Health Concerns	Doctor Advice	Change to Other Method	All Other Reasons
All Methods	25.9	3.0	2.1	1.6	3.8	7.6
Traditional Methods						
Withdrawal	30.0	3.2	0.0	1.0	3.0	4.7
Calendar	30.7	2.0	0.6	1.1	5.5	5.3
Modern Methods						
Pills	2.4	1.0	16.3	9.5	2.9	13.6
IUD	4.1	0.0	7.4	0.8	1.1	1.5
Condom	21.5	5.1	2.1	1.6	7.7	19.8

*/ gross discontinuation rates

The discontinuation rates in Table 6.6.1 and 6.6.2 are calculated using a single decrement life table analysis. Such a life table assumes, for example, that if the reason for stopping was the method failure, this is the only risk for discontinuing a method while the effect of other competing reasons for discontinuation is eliminated (discontinuations for other reasons are treated as censored observations). The resulting failure rate is called the *gross failure rates* and measure the risk of contraceptive failure that would be expected if failure is the only reason for discontinuing use. Another approach is to calculate *net failure rates* with a multiple decrement life table analysis which assesses discontinuation rates for a specific reason (e.g. failure) in the

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presence of other reasons. The *gross failure rate* is somewhat higher than the corresponding *net failure rate* because, by eliminating the effect of other discontinuation reasons in a single decrement analysis, more women will be at risk of failing, so the failure rate will be increased (Trussel J., 1987). Nevertheless, the *gross failure rate* is a better approach in assessing contraceptive failure because it is not affected by the levels of discontinuation for other reasons which can vary between different populations and may distort the comparison of failure rates. Thus, the *gross rate* represents the underlying risk of failure in a population and may be safely compared among different population groups. In Table 6.6.2 the *gross rates* were separately calculated for method-specific discontinuation reasons other than failure. These gross rates are particularly useful when we want to look at separate reasons for discontinuing for different methods or if we want to compare each of them with the corresponding rates (i.e failure rates) in different populations or in the same population over time.

Both failure rates and discontinuation rates can be affected by user characteristics, especially for methods with low inherent effectiveness or which are prone to inconsistent or incorrect use. Table 6.6.3 shows that both failure rates and discontinuation rates decline with women's age, regardless the method used. These findings may not reflect the true effect of age since the data are not adjusted for marital status and since coital frequency is an important confounder which declines both with age and marital duration.

Another important factor, which can contribute to the age decline of these rates, is the increasing threat of subfecundity with age, given the increase in the risk of unintended pregnancies with age and subsequent termination of these pregnancies through unsafe abortions (of 600 subfecund women in our study, two-thirds are 35 years or older).

TABLE 6.6.3
Twelve Month Life Table Contraceptive Failure and Discontinuation Rates for Specific Methods By Age
All Segments of Contraceptive Use Initiated After The Change in Legislation
Reproductive Health Survey: ROMANIA, 1993

Method	Failure Rates By Age[*]				Discontinuation Rates By Age[*]			
	15-19	20-24	25-29	30-44	15-19	20-24	25-29	30-44
All Methods	34.3	31.5	25.2	18.2	54.9	46.2	35.0	27.9
Traditional Methods								
Withdrawal	38.3	34.3	29.7	21.1	52.5	43.6	35.6	26.4
Calendar	30.9	43.6	29.7	23.2	64.0	53.1	41.2	29.5
Modern Methods								
Pills	**	2.2	2.1	3.7	**	46.9	27.6	40.6
IUD	**	10.2	5.0	1.7	**	14.7	15.4	13.3
Condom	16.1	20.2	29.9	13.5	66.9	55.9	39.1	27.8

* Age at the beginning of each segment of Contraceptive Use
** Too few cases to calculate rates

6.7 Intention to use contraception and induced abortion in the future

All respondents were asked if they would use, would not use, or if they are not sure about using specific methods of birth control, including induced abortion. Tables 6.7.1 and 6.7.2 present only the percentage of women currently in union giving positive answers. The data shows that less than half would use any modern method some time in the future and 26% would consider using induced abortion as a means of fertility control (Table 6.7.1).

TABLE 6.7.1
Percent of Women In Union Aged 15-44 Who Say They Would Use A Birth Control Method
By Type of Method and Selected Characteristics
Reproductive Health Survey: ROMANIA, 1993

Characteristics	Type of Birth Control Method			
	Any Modern Method	Withdrawal	Induced Abortion	Unweighted No. of Cases
Total	**45.7**	**48.8**	**26.1**	**(3,542)**
Region				
Bucharest	57.4	37.1	37.9	(764)
Vallahia	41.1	42.2	27.1	(1,148)
Transylvania	48.2	59.9	17.8	(1,029)
Moldova	43.3	47.9	31.6	(601)
Contraceptive Use				
Current User	56.0	64.1	28.0	(2,044)
Ever User	40.1	39.6	27.3	(667)
Never User	25.1	17.6	20.4	(829)
Number of Living Children				
0	41.5	40.0	14.4	(442)
1	50.5	48.7	24.9	(1,092)
2	47.4	52.7	28.0	(1,319)
3	40.9	48.2	29.6	(398)
4 or more	35.3	42.0	32.3	(290)
Last Pregnancy Outcome				
Live Birth	50.5	55.2	19.7	(760)
Induced Abortion	58.3	53.0	42.0	(1,182)
Miscarriage/SB/EP	41.9	36.9	14.7	(117)
Currently Pregnant	42.5	42.5	23.4	(142)
Frequency of Religious Attendance				
At least once per month	38.3	48.8	18.2	(964)
Less than once per month	46.3	51.0	26.9	(656)
Only at holidays	50.0	46.9	29.8	(1,674)
Never	47.6	51.0	34.5	(248)
Socioeconomic Index				
Low	38.8	52.0	25.6	(1,160)
Medium	47.7	50.2	26.8	(1,940)
High	56.4	29.9	24.5	(442)

Women in Bucharest are more likely to say that they would use a modern method (57%) whereas women in Transylvania are more likely to use withdrawal (60%) and are the least likely to use induced abortion (18%). Interest in using a modern method or withdrawal is clearly associated with contraceptive experience; it is highest for current users and lowest for never users, with previous users between the two extremes. Current or previous contraceptive experience does also increase intent to use induced abortion in the future. Intent to use induced abortion is positively correlated with number of living children. This is not surprising since the wanted fertility rate over the past three years is 1.4 children per woman and more than 70% of women in union consider that the ideal family size is two children or fewer. But is startling that women with three or more children are more likely to use withdrawal then a modern method. Women whose last pregnancy ended in induced abortion are most likely to either want to use a modern method or continue to use abortion.

Attendance at religious services does not significantly affect desire to use either modern methods or withdrawal but those who attend at least once a month are less likely to want to use induced abortion. Interest in modern methods increases with socio-economic status; more than half of women classified as having high socio-economic status stated they would like to use a modern method and are the least likely interested in withdrawal. Socioeconomic status is not associated with intent to use induced abortion in the future.

Table 6.7.2 shows the future birth control preferences of women currently in union, by residence and education by current contraceptive status. Since contraceptive use status has proved to be an important variable in women's decisions about the future and since it greatly affects the choice of a specific contraceptive method and the reason for having an abortion, data are presented separately for users and nonusers.

Overall, women residing in Bucharest and those who completed secondary school or higher education are more likely to want to use a modern method. Withdrawal appears to be the most favored method in both groups, regardless of the area of residence or educational level. However, the choice of withdrawal is inversely correlated with education among current users.

Among modern methods, the IUD and the pill seem to be the most preferred future methods for both current users and nonusers and this preference consistently increases with education level. Urban women say they would be more likely to use the IUD and the pill then do rural women in both groups. For all methods, with the exception of tubal ligation and injectables, interest is higher among current users.

The acceptance of abortion as a birth control method is not influenced by education level for either users (26% to 29%) or nonusers (20% to 27%), but varies by residence. Current users and nonusers who reside in Bucharest are more likely to rely on abortion.

TABLE 6.7.2

Percent of Women in Union 15-44 Years of Age Who Say They Would Use A Specific Birth Control Method By
Current Contraceptive Status, By Residence and Education
Reproductive Health Survey: ROMANIA 1993

Currently Using A Method

		Residence			Education Level			
Birth Control Method	Total	Bucharest	Other Urban	Rural	Primary	Secondary Incomplete	Secondary Complete	Postsec.& University
Any Modern Method	**55.9**	**73.4**	**57.1**	**49.1**	**39.1**	**52.8**	**65.2**	**66.7**
IUD	25.3	35.8	25.8	21.5	15.8	22.7	32.8	26.5
Pills	21.2	28.9	22.0	17.7	17.4	21.7	22.6	22.9
Condom	18.7	30.9	18.6	15.3	8.9	14.9	22.7	32.9
Spermicides	9.3	21.3	8.9	6.2	3.2	8.4	10.3	18.6
Tubal Ligation	6.2	5.8	5.8	6.9	6.6	7.3	5.8	4.5
Injectables	4.0	6.9	3.6	3.8	3.9	3.8	4.5	3.3
Withdrawal	**63.8**	**47.9**	**60.8**	**73.6**	**73.8**	**72.1**	**58.9**	**44.9**
Induced Abortion	**28.0**	**40.7**	**27.3**	**25.6**	**28.6**	**27.6**	**28.8**	**26.1**
Unweighted No. of Cases	(2,044)	(419)	(941)	(684)	(412)	(549)	(775)	(308)

Not Currently Using A Method

		Residence			Education Level			
Birth Control Method	Total	Bucharest	Other Urban	Rural	Primary	Secondary Incomplete	Secondary Complete	Postsec.& University
Any Modern Method	**31.8**	**39.2**	**33.3**	**27.9**	**24.0**	**33.0**	**39.1**	**42.2**
IUD	13.8	13.9	15.0	11.5	9.8	13.0	19.5	12.3
Pills	12.3	16.5	12.9	9.7	7.9	13.6	14.8	18.1
Condom	9.5	11.1	9.4	8.9	6.9	9.0	11.3	17.8
Spermicides	5.0	9.6	6.3	2.7	2.2	4.6	7.7	15.4
Tubal Ligation	5.8	4.6	6.0	5.7	5.2	9.0	3.7	3.8
Injectables	3.1	4.8	3.3	2.2	2.4	3.6	3.2	3.8
Withdrawal	**28.5**	**24.8**	**26.9**	**29.3**	**23.6**	**30.6**	**31.8**	**21.5**
Induced Abortion	**23.5**	**34.7**	**23.0**	**20.6**	**27.1**	**20.1**	**22.1**	**22.8**
Unweighted No. of Cases	(1,498)	(345)	(607)	(546)	(528)	(423)	(427)	(120)

CHAPTER VII

WOMEN IN NEED OF FAMILY PLANNING SERVICES

Another approach to asses the potential demand for family planning services, independent of that derived from direct responses of women in union regarding their contraceptive behaviors, is to define the contraceptive needs of women in relationship with their fecundity and stated reproductive preferences, regardless of their marital status. The total demand for contraception is generally defined as a sum of current contraceptive use (met need) and the additional contraceptive use that would be required to eliminate the risk of unwanted or mistimed births. The last component, termed "the unmet need" for contraception, has proved to be a worldwide indicator in planning program strategies, allocating resources and analyzing FP program outcomes (Bongaarts, 1991; Westoff and Ochoa, 1991).

Estimates for the total demand and unmet need for contraception may vary from one survey to another if the criteria used in defining the terms or survey questions are not the same. The conventional approach used to calculate unmet need is to exclude women who are not currently in union, women who are currently using any contraceptive method, those who are temporarily not exposed to the risk of pregnancy (women not sexually active, currently pregnant women, women in postpartum abstinence or amenorrhea), infecund or subfecund women and women who currently want to become pregnant (Westoff, 1988).

By restricting the denominator to women in union, the percentage of women with unmet need of FP services is likely to be higher, since married women generally have a higher risk of unintended pregnancy and a higher demand for family planning; however, by using this definition, the absolute number of women estimated to be in need of contraception does not include unmarried women and women with special needs (e.g. adolescents) who may be overlooked by policy makers. Moreover, the exclusion of current users of less effective contraceptive methods further narrows the estimated number of women with unmet need of more effective contraceptive methods.

In countries with widespread use of traditional contraceptive practices, this approach masks the real need for more effective contraception. For instance, the unmet need for contraception in Romania according to the Westoff definition would be relatively low (11.4%) and would be inconsistent with the high rates of unintended pregnancy (more than two thirds of pregnancies which had occurred in the last three years were reported as unintended) and induced abortion (95% of the unintended pregnancies were ended in induced abortion).

Therefore, in the context of Romania, an estimate of the "need for any or more effective contraceptive methods " would provide a more accurate picture of the need for family planning services. According to this estimate, women of reproductive age are in need of family planning services if: (a) they are fecund; (b) currently sexually active; (c) not pregnant or in postpartum

TABLE 7.1

Unmet Need for Contraception and Unmet Need for Any or More Effective Contraception
By Marital Status
All Women Aged 15-44 - Reproductive Health Survey: ROMANIA, 1993

		Marital Status		
Potential Demand for Family Planning Services	Total	Married/ In Union	Previously Married	Never Married
Women Not in Need for Family Planning	50.8	31.3	77.9	93.3
Not Currently Sexually Active*	33.3	6.0	72.3	92.6
Currently Pregnant or Postpartum	3.4	5.1	0.7	0.0
Want Pregnancy Now	2.1	3.1	0.4	0.0
Infecund/Subfecund	12.0	17.1	5.5	0.7
Total Potential Demand for Contraception	49.2	68.7	21.1	6.7
Current Use of Any Contraceptive Method	40.7	57.3	14.3	5.1
Unmet Need for Any Contraceptive Method	**8.5**	**11.4**	**6.8**	**1.6**
Total	100.0	100.0	100.0	100.0
Women Not in Need for Family Planning	60.9	45.2	84.3	94.8
Not Currently Sexually Active*	33.3	6.0	72.3	92.6
Currently Pregnant or Postpartum	3.4	5.1	0.7	0.0
Want Pregnancy Now	2.1	3.1	0.4	0.0
Infecund/Subfecund	12.0	17.1	5.5	0.7
Total Potential Demand for Any or More Effective Contraception	49.2	68.7	21.1	6.7
Current Use of More Effective Contraceptive Methods	10.1	13.9	5.4	1.5
Unmet Need for Any or More Effective Contraception**	**39.1**	**54.8**	**15.7**	**5.2**
Total	100.0	100.0	100.0	100.0
Unweighted Number of Cases	(4,861)	(3,542)	(277)	(1,042)

* Within the last month-excludes 24 women who were not sexually active in the last 30 days but were using a long term method (IUD, tubal ligation) and 124 women who said they are currently using a contraceptive method but they refused to answer if they had sexual intercourse in the last month.
** Women not using any method and women using traditional, less effective contraceptive methods

FIGURE 7.1

Unmet Need For Contraception and Unmet Need For More Effective Contraception By Marital Status, All Women - RRHS, 1993

Percent of Women With Unmet Need for FP Services

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100 ┤

 80 ┤- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

 60 ┤- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -
                54.8
 40 ┤- - - - - ████ - - - - - - - - - - - - - - - - - - - - - - -
                ████
                ████
                ████
 20 ┤- - - - - ████ - - - - - - - - - 15.7 - - - - - - - - - - - -
     11.4       ████          6.8    ████
     ▓▓▓▓       ████          ▓▓▓▓   ████              5.2
  0 ┤ ▓▓▓▓      ████          ▓▓▓▓   ████        1.6   ░░░░
     Married/In Union      Previously Married    Never married
```

| ■ Unmet Need For Any Contraception | ▒ Unmet Need For Any Or More Effective Contraception |
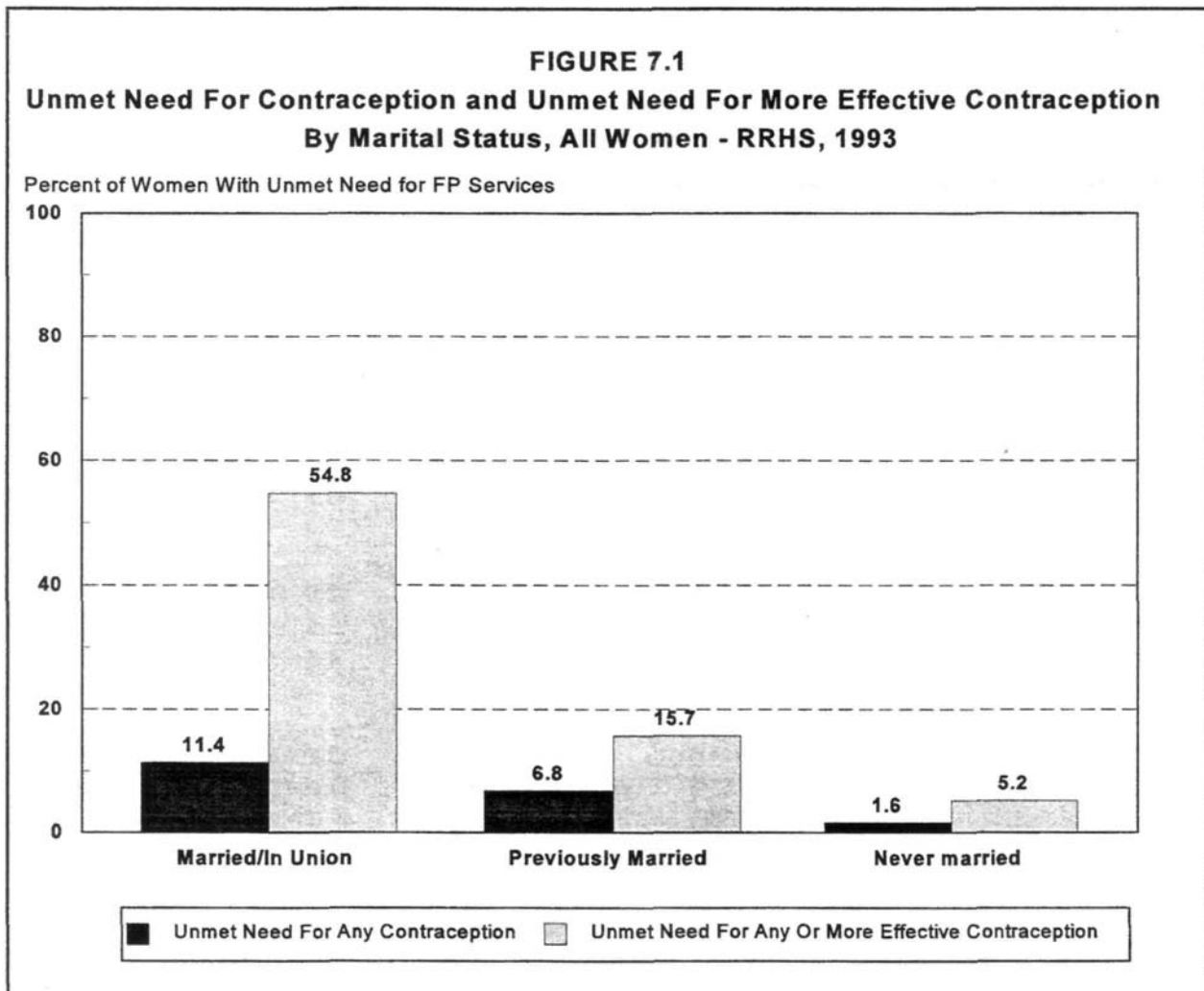
abstinence; (d) are not currently trying to become pregnant; (d) and are not using any or are using a less effective contraceptive method, regardless of marital status. Using this definition, the proportion of women at risk of unintended pregnancy is much higher.

Table 7.1 and Figure 7.1 show that 39% of Romanian women of reproductive age and 55% of currently in union women are at risk of unintended pregnancy, compared with the classic "unmet need" estimate of 8% and 11%, respectively. According to the most recent census data, this percentage translates into more than 1.9 million women in need of any or more effective contraception, almost 93 % of them in union. This is probably a conservative estimate since currently pregnant women whose pregnancy was unintended were excluded from calculation of the "unmet need", regardless of the month of gestation and the likelihood they might terminate their pregnancy by induced abortion. Thus, the newly created family planning clinics are serving only about one fifth of women currently in union at risk of unintended pregnancy.

TABLE 7.2
Women Aged 15-44 in Need of Any or More Effective Contraceptive Methods
By Residence and Selected Characteristics
Reproductive Health Survey: ROMANIA, 1993

Characteristics	Total		Bucharest		Other Urban		Rural	
Total	39.1	(4861)	34.4	(1081)	39.5	(2110)	42.3	(1670)
Region								
Bucharest	34.0	(1081)	34.0	(1081)		NA		NA
Vallachia	38.6	(1533)		NA	38.1	(850)	39.1	(683)
Transylvania	40.3	(1383)		NA	37.7	(830)	44.7	(553)
Moldavia	39.8	(864)		NA	39.1	(430)	40.6	(430)
Marital Status								
Married/In union	54.8	(3542)	44.7	(764)	52.0	(1548)	54.7	(1230)
Previously Married	15.7	(277)	25.3	(83)	13.5	(115)	9.1	(79)
Never Married	5.2	(1042)	10.0	(234)	4.5	(447)	3.5	(361)
Age								
15-24	20.4	(1641)	18.1	(311)	18.7	(632)	22.7	(698)
25-34	56.9	(1634)	45.0	(359)	53.7	(760)	66.1	(515)
35-44	45.4	(1586)	39.5	(411)	45.6	(718)	47.6	(457)
Education								
Primary	43.2	(1152)	34.0	(163)	37.0	(396)	44.5	(593)
Secondary Incomplete	35.3	(1453)	32.3	(286)	33.8	(622)	38.0	(545)
Secondary Complete	39.2	(1604)	33.2	(361)	39.9	(790)	40.1	(453)
College&University	37.9	(652)	37.0	(271)	38.6	(302)	36.6	(79)
Number of Living Children								
0	10.4	(1532)	14.4	(405)	10.8	(631)	8.4	(496)
1	49.7	(1205)	41.6	(298)	48.4	(542)	55.2	(365)
2	58.7	(1388)	55.0	(284)	58.4	(670)	60.2	(434)
3 or more	55.7	(735)	42.0	(94)	57.3	(266)	60.9	(375)
Socioeconomic Index								
Low	41.0	(1558)	32.8	(146)	42.2	(206)	41.2	(1206)
Medium	39.8	(2667)	36.1	(651)	40.0	(1598)	41.8	(418)
High	28.7	(636)	29.9	(284)	28.6	(306)	25.8	(46)

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FIGURE 7.2
**Women In Need Of Any Or More Effective Contraceptive Methods
By Selected Characteristics
All Women Aged 15-44 - RRHS,1993**
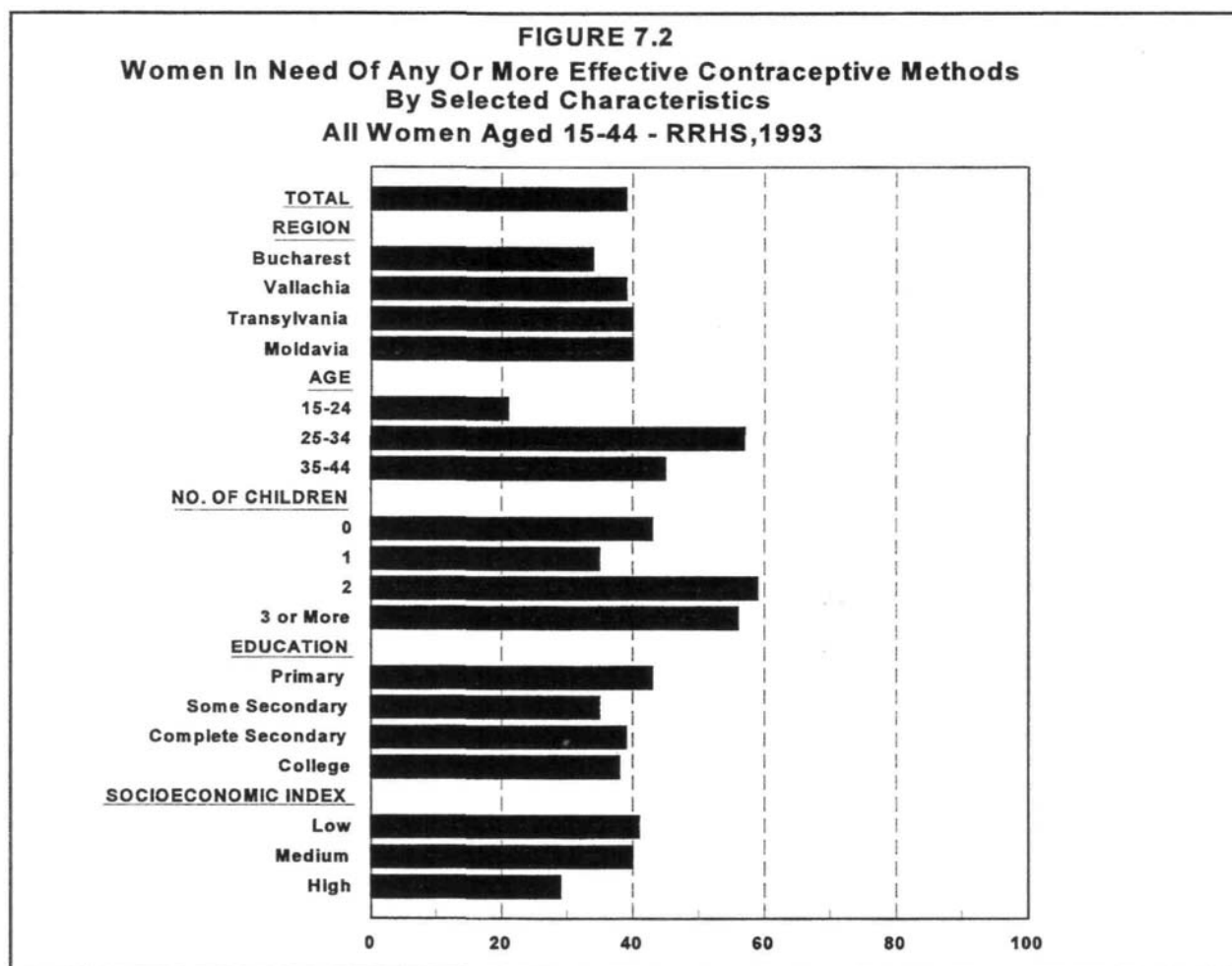
Overall, the unmet need for family planning at the time the survey was carried out was 39%. As Table 7.2 shows, the proportion of women in need of any or more effective contraception is higher among those living outside Bucharest, those currently in union, those older than 24 years of age, those with low level of education, those with two or more children and those classified as low or medium socioeconomic status.

For each of the characteristics mentioned above, the lowest percentage in need can be seen in Bucharest and, with few exceptions, is higher for other urban areas and reaches a maximum level for rural areas. One exception worth noting is that one out of every ten never married women residing in Bucharest is at risk of unintended pregnancy which represents double the proportion in other urban or rural areas. Since most of these women are young adults, one possible explanation could be the higher percentage of premarital sexual experience reported by young adults in Bucharest (see Chapter XI). The same explanation may apply for childless women residing in Bucharest, whose need for any or more effective contraceptive methods is also higher. In rural areas, the proportion of women at risk of unintended pregnancy reaches the highest levels among those aged 25-34 years (66%) and those with two or more children (over 60%).

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CHAPTER VIII

REPRODUCTIVE HEALTH KNOWLEDGE AND ATTITUDES

By the mid 1960s, the state had eliminated sexuality from public discourse. Sex education was not discussed in school and rarely at home. Movies and magazines were censored for showing nudity. Girls were conditioned to fear men, avoid pleasure and seek sex for purposes of procreation only. In a focus group study including fifty women of various ages and backgrounds, one respondent, a 28 year old teacher, explained that her sex education was reduced to statements from her father like "I'll break your neck if I find you with boys"(Baban and David, 1994).

In the years since abortion and contraception have been legalized and pro-natalist laws repealed, most women who considered themselves to be at risk of pregnancy have largely chosen traditional methods or no method of birth control. As shown earlier (Chapter VII), the unmet need for effective contraception, including women not using any method and women using traditional, less effective methods, was 49.2%. As such, it is important to understand the attitudes and knowledge that surround family planning in Romania as well as the factors that may or may not affect a woman's reproductive heath decisions.

Each respondent answered a series of questions regarding her knowledge and attitudes on several aspects of reproduction. These questions included opinions on the ideal family size, knowledge of the fertile period, opinions on the conditions under which abortion should be allowable, opinions about the efficacy, safety, and side effects of oral contraceptives and the IUD, the desire for further information on family planning, and attitudes about the role of women. The results of these questions should prove useful for developing and modifying elements of reproductive health education.

8.1 Ideal Family Size

Respondents were asked what they thought was the ideal number of children for a young family in Romania. The ideal number or mean desired number of children in Romania as expressed by the survey respondents was 2.1 children; details are shown in Table 8.1.

There is little variation in the mean ideal number of children by respondent characteristics shown in Table 8.1. With the exception of women who already have four or more children (mean=2.4 children), the mean ideal number of children varies from 1.9 to 2.2. The two children per family appears to be the consensus regardless of residence, ethnic group, education or socio-economic status.

TABLE 8.1

Ideal Number of Children for a Young Family in Romania According to Women 15-44 Years Of Age
By Selected Characteristics
Reproductive Health Survey: ROMANIA, 1993

	Mean Number of Children	Unweighted No. of Cases
Total	2.1	(4,673*)
Residence		
Bucharest	1.9	(1,061)
Other Urban	2.0	(2,046)
Rural	2.2	(1,566)
Age Group		
15-19	2.1	(715)
20-24	2.0	(862)
25-29	2.1	(811)
30-34	2.0	(774)
35-39	2.0	(852)
40-44	2.1	(659)
Marital Status		
Married	2.1	(3,191)
Consensual Union	2.1	(211)
Previously Married	2.0	(267)
Never Married	2.0	(1,004)
Education		
Primary	2.2	(1,061)
Secondary Incomplete	2.1	(1,400)
Secondary Complete	2.0	(1,576)
Post Secondary & University	1.9	(636)
Number Of Living Children		
0	2.0	(1,475)
1	2.0	(1,180)
2	2.1	(1,346)
3	2.2	(404)
4 +	2.4	(267)
Socio-Economic Index		
Low	2.2	(1,491)
Medium	2.0	(2,563)
High	1.9	(619)
Ethnic Group		
Romanian	2.1	(4,320)
Hungarian	2.1	(256)
Gypsy	2.1	(121)
Other	2.0	(68)
Frequency of Church Attendance		
Every Month	2.2	(1,261)
Less Than Once Per Month	2.0	(889)
Holidays Only	2.0	(2,281)
Never	2.0	(274)

* Excludes 188 women who answered "How many God wants" and other descriptions which cannot be quantified.

TABLE 8.2
Percentage Of Women Aged 15-44 Who Know That A Woman Is Most Likely To Get Pregnant
In The Middle Of Her Menstrual Cycle
By Selected Characteristics
Reproductive Health Survey: ROMANIA, 1993

	Percent	Unweighted No. Of Cases
Total	**54.0**	**(4,859*)**
Residence		
Bucharest	65.3	(1,081)
Other Urban	59.9	(2,110)
Rural	42.4	(1,668)
Age Group		
15-19	27.2	(745)
20-24	51.7	(896)
25-29	65.5	(834)
30-34	66.8	(798)
35-39	63.8	(890)
40-44	59.6	(696)
Marital Status		
Married	61.9	(3,314)
Consensual Union	44.4	(226)
Previously Married	57.1	(277)
Never Married	36.8	(1,042)
Education		
Primary	37.3	(1,151)
Secondary Incomplete	45.8	(1,452)
Secondary Complete	65.1	(1,604)
Post Secondary & University	84.1	(652)
Socio-Economic Index		
Low	37.8	(1,608)
Medium	60.5	(2,624)
High	71.8	(627)
Ethnic Group		
Romanian	55.3	(4,397)
Hungarian	55.7	(258)
Gypsy	16.5	(133)
Other	51.4	(71)
Current Contraceptive Use		
Pills	70.7	(131)
IUD	70.0	(171)
Condom	79.7	(189)
Tubal Ligation	36.7	(41)
Rhythm	87.9	(358)
Withdrawal	63.0	(1,229)
Other	71.4	(44)
None	44.0	(2,696)

* Excludes two women who refused to answer the question

8.2   Knowledge Of The Menstrual Cycle

Due to the vacuum of information relative to sexuality and family planning, it was important to determine what type or level of information women had about basic concepts regarding fertility. Table 8.2 summarizes women's knowledge of the menstrual cycle, a common indicator for the level of sexual education.

Each respondent was asked at what time during the menstrual cycle is a woman at the greatest risk of becoming pregnant. Fifty-four percent of respondents correctly said that the chance of pregnancy is greatest halfway between menstrual periods (Table 8.2). This proportion is practically the same as the 55 % found in a recent survey in the Czech Republic (Czech Republic Reproductive Health Survey-Final Report, 1995).

Knowledge of the menstrual cycle was lowest among women who live in rural areas (42%), women under the age of 20 (27%) and also among never married women (37%), who are largely younger women. Knowledge was also quite low among gypsy women (17%) and women with only primary education (37%). Knowledge of the menstrual cycle increased sharply with increased education (from 37% to 84%) and socioeconomic status (from 38% to 72%). Women using natural family planning (rhythm), which depends on a woman/couple knowing when conception is the most likely to occur, have the highest level of knowledge (88%) of any sub-group.

8.3   Attitudes About Abortion

As described in Chapter V, the rate of induced abortion in Romania is high, with survey estimates for 1992 showing 130 abortions per 1000 women 15-44 years of age, 71 abortions per known pregnancies, and 240 abortions per 100 live births. Thus, since the repeal of laws restricting abortion, me majority of pregnancies have ended in abortion. For this reason, it was important to determine women's attitudes toward abortion.

According to data in Table 8.3.1, 72% of women surveyed believe that women always have the right to make decisions about their pregnancies, including abortion. At least two-thirds of every segment of the population believed there should be no restrictions on abortion. There were only small differences of opinion according to the variables shown.

Table 8.3.2 shows that only 10% of all women believed abortion should not be permitted if the woman was not married or was having financial problems (Table 8.3.2). Fewer than 5% of all women believed mat abortion should not be permitted under various other personal circumstances, such as: the woman's health being in danger (4%); the pregnancy following rape (4%); the woman's life being in danger (3%); and the fetus having malformations (2%). With these low percentages, very little variation is seen by characteristics of the respondents.

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TABLE 8.3.1

Percentage Of Women Aged 15-44 Who Believe
Women Always Have The Right To Make Decisions About Pregnancies, Including Abortion
By Selected Characteristics
Reproductive Health Survey: ROMANIA, 1993

	Percent	Unweighted No. Of Cases
Total	**71.5**	**(4,857*)**
Residence		
Bucharest	72.3	(1,081)
Other Urban	71.7	(2,108)
Rural	71.1	(1,668)
Age Group		
15-19	73.7	(744)
20-24	71.2	(896)
25-29	72.2	(834)
30-34	70.8	(798)
35-39	71.1	(890)
40-44	69.5	(695)
Marital Status		
Married	70.6	(3,313)
Consensual Union	65.9	(226)
Previously Married	71.5	(277)
Never Married	74.7	(1,041)
Education		
Primary	72.1	(1,150)
Secondary Incomplete	72.7	(1,452)
Secondary Complete	70.2	(1,604)
Post Secondary & University	70.8	(651)
Socio-Economic Index		
Low	70.9	(1,608)
Medium	71.3	(2,622)
High	74.5	(627)
No. Living Children		
0	72.5	(1,532)
1	69.7	(1,204)
2	69.3	(1,388)
3	75.9	(428)
4 +	75.8	(305)
Ethnic Group		
Romanian	71.7	(4,395)
Hungarian	68.9	(258)
Gypsy	73.5	(133)
Other	73.0	(71)
Frequency of Church Attendance		
Every Month	66.6	(1,350)
Less Than 1 / Month	71.3	(924)
Holidays Only	75.3	(2,279)
Never	69.5	(304)

* Excludes four women who refuse to answer this question.

TABLE 8.3.2

Percentage Of Respondents Who Believe Abortion Should <u>Not</u> Be Permitted Under Various Personal Circumstances
Women Aged 15-44, By Selected Characteristics
Reproductive Health Survey: ROMANIA, 1993

	Personal Circumstance						
	Fetus Deformed	Her Life In Danger	Pregnant From Rape	Her Health In Danger	She Is Unmarried	Financial Problems	Unweighted No. Of Cases
Total	**1.9**	**3.1**	**3.8**	**4.0**	**10.0**	**10.7**	**(4,861)**
Residence							
Bucharest	1.3	2.3	3.0	2.3	9.1	8.0	(1,081)
Other Urban	1.2	2.5	3.6	4.1	11.0	11.3	(2,110)
Rural	3.1	4.1	4.4	4.3	9.0	10.8	(1,670)
Age Group							
15-19	2.5	2.9	2.9	3.9	8.9	8.4	(745)
20-24	2.2	3.6	4.2	3.6	10.4	11.6	(896)
25-29	1.3	2.5	2.6	2.5	8.6	7.9	(835)
30-34	1.3	3.4	3.6	3.7	11.0	11.8	(799)
35-39	1.8	2.7	3.6	4.7	9.3	11.4	(890)
40-44	2.2	3.2	6.2	5.5	12.3	14.1	(696)
Marital Status							
Married	1.8	3.1	4.1	4.0	9.9	11.2	(3,316)
Consensual Union	1.7	4.6	2.8	4.9	13.2	12.6	(226)
Previously Married	0.9	3.0	6.9	3.8	12.4	10.8	(277)
Never Married	2.5	2.8	2.9	3.8	9.3	9.4	(1,042)
Education							
Primary	2.9	4.1	5.3	5.0	9.4	10.6	(1,152)
Secondary Incomplete	2.0	2.8	3.4	3.9	8.6	9.4	(1,453)
Secondary Complete	1.3	2.8	3.2	3.1	11.0	11.0	(1,604)
Post Secondary & More	1.2	2.2	3.5	4.4	12.6	13.8	(652)
Socio-Economic Index							
Low	2.9	3.7	4.4	4.0	9.1	8.0	(1,610)
Medium	1.4	2.9	3.6	4.2	10.8	11.3	(2,624)
High	1.1	1.9	2.7	2.5	8.9	10.8	(627)
Ethnic Group							
Romanian	2.0	3.2	4.0	4.2	10.2	11.2	(4,391)
Hungarian	1.3	1.4	2.0	3.0	8.4	7.0	(258)
Gypsy	0.6	2.2	3.4	1.7	9.4	5.9	(133)
Other	2.8	2.8	2.8	3.4	4.3	9.9	(72)
No. Living Children							
0	2.3	3.1	3.1	3.6	10.2	10.2	(1,533)
1	1.5	3.3	4.8	4.2	9.7	11.1	(1,205)
2	1.4	3.1	4.3	3.9	10.4	11.4	(1,388)
3	1.7	2.9	3.0	5.8	7.5	8.5	(429)
4 +	3.6	2.2	3.9	3.4	11.0	12.6	(306)
Church Attendance							
Every Month	3.7	4.5	6.2	5.8	13.6	13.6	(1,351)
Less Than 1 / Month	1.4	2.2	3.2	4.4	10.4	12.0	(924)
Holidays Only	1.0	2.3	2.7	2.8	7.4	8.4	(2,282)
Never	1.5	4.3	2.6	2.1	11.0	9.2	(304)

The 1,373 women whose opinions are analyzed in Table 8.3.3 are the 28% of respondents enumerated in Table 8.3.1 who do not believe abortion is permissible under any circumstance. These women were asked whether they agreed abortion would be permissible in the six situations set forth in Table 8.3.3.

TABLE 8.3.3
Opinions On When Abortion Is Permissible Under Various Personal Circumstances
Women Aged 15-44 (Percent Distribution)
Reproductive Health Survey: ROMANIA, 1993

Personal Circumstance	Whether Abortion Is Permissible Under The Given Circumstance:					Unweighted No. Of Cases
	Yes	No	Depends	Don't Know	Total	
The Fetus Is Deformed	80.4	6.8	4.9	8.0	100.0	1,373
Her Life Is In Danger	77.0	10.8	6.6	5.5	100.0	1,373
Her Health In Danger	66.6	14.0	10.8	8.6	100.0	1,373
She Is Pregnant Because Of Rape	64.4	13.5	13.8	8.4	100.0	1,373
The Couple Cannot Afford The Child	39.5	37.8	14.9	7.9	100.0	1,373
She Is Unmarried	28.5	35.2	31.5	4.8	100.0	1,373

Under four of the six circumstances—that is, the woman's life is in danger (77%), the fetus is deformed (80%), the woman's health is in danger (67%), or the pregnancy is the result of rape (64%)—the majority of these women felt an induced abortion would be permissible. In the remaining two circumstances, 40% of these women felt abortion was permissible if the couple could not afford the child and only 29% felt an abortion was permissible because a pregnant woman was unmarried. Even so, a substantial additional proportion of women, 15% and 32% respectively, said that depending on the circumstances an abortion could be permitted.

Table 8.3.4 shows that in the first four personal circumstance categories, women in rural areas, women in lower educational and socio-economic categories, gypsy women, or those who attend church more frequently are slightly less likely to think that abortion should be available. In the last two circumstances (woman is unmarried, financial problems), only women with high educational attainment or those with four or more children are less likely to think abortion should be permitted.

TABLE 8.3.4
Among Women Aged 15-44 Who Think There Should Be Restrictions On Abortion
The Percentage Who Believe A Woman Can Have An Abortion Under Various Personal Circumstances
By Selected Characteristics
Reproductive Health Survey: ROMANIA, 1993

	Personal Circumstance						
	Woman's Life In Danger	Fetus Deformed	Her Health In Danger	Pregnant From Rape	Financial Problems	She Is Unmarried	Unweighted No. Of Cases
Total	80.4	77.0	66.6	64.4	39.5	28.5	(1,373)
Residence							
Bucharest	83.9	83.1	72.4	73.0	52.1	31.6	(297)
Other Urban	84.4	80.8	69.4	67.7	38.2	25.3	(595)
Rural	74.1	70.1	61.1	57.4	37.4	31.9	(481)
Age Group							
15-19	68.9	64.7	59.5	61.2	43.9	32.5	(194)
20-24	79.7	76.1	66.1	65.4	37.3	29.2	(245)
25-29	88.6	83.7	76.3	73.8	44.8	31.7	(236)
30-34	87.4	80.5	72.0	66.5	39.1	23.6	(231)
35-39	79.7	80.9	64.9	61.7	38.0	26.9	(251)
40-44	82.2	79.5	63.5	59.6	33.8	26.5	(216)
Marital Status							
Married	83.5	79.8	67.6	64.6	38.3	27.7	(968)
Consensual Union	70.1	72.6	68.7	58.2	46.1	27.5	(73)
Previously Married	83.1	79.4	69.8	59.4	50.5	38.1	(76)
Never Married	73.8	69.9	62.6	66.2	38.7	28.8	(256)
Education							
Primary	73.6	67.5	57.9	51.1	41.2	35.7	(317)
Secondary Incomplete	75.9	76.1	67.5	64.8	41.1	32.1	(400)
Secondary Complete	86.9	82.1	71.7	70.7	39.6	25.1	(474)
Post Secondary & More	89.1	86.0	68.8	74.6	30.8	12.8	(182)
Socio-Economic Index							
Low	71.7	69.9	61.1	55.1	40.6	30.2	(457)
Medium	86.0	80.5	69.1	69.2	38.5	27.5	(759)
High	84.7	87.2	75.4	75.7	40.3	27.9	(157)
Ethnic Group							
Romanian	80.9	77.1	66.4	64.2	39.4	28.9	(1,247)
Hungarian	84.2	86.0	75.6	72.5	42.1	20.3	(78)
Gypsy	62.0	55.6	55.8	53.2	37.3	30.9	(29)
Other	.	.	.	.	.	.	(17)
No. Living Children							
0	76.3	72.4	64.4	63.8	39.8	29.4	(422)
1	85.8	79.6	68.7	68.6	41.3	26.9	(355)
2	83.7	80.3	70.9	66.2	41.5	29.7	(418)
3	76.5	76.6	55.4	51.4	36.6	30.1	(104)
4 +	71.7	77.9	62.7	56.8	24.6	23.1	(74)
Church Attendance							
Every Month	72.8	70.8	61.9	54.3	38.0	26.3	(449)
Less Than 1 / Month	83.5	81.9	67.0	67.8	35.3	27.4	(261)
Holidays Only	87.3	81.9	70.0	70.6	43.1	30.3	(579)
Never	73.7	69.6	73.0	74.0	40.5	34.2	(84)

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8.4 Opinions About Modern Contraceptives

Respondents were asked a series of questions in order to learn their opinions about oral contraceptives and the IUD. In Chapter VI it was noted that among women who were using traditional methods of contraception, more than 70% reported that the fear of negative health effects was the most important reason in their decision to avoid using modern methods of family planning.

At the time of the survey, approximately three percent of women reported using oral contraceptives. On the whole, women were unaware of the efficacy of oral contraceptives (45%) or underestimate me pill's ability to prevent pregnancy (Table 8.4.1). Only one-fourth of respondents said that a woman who takes me pill correctly could be completely or almost sure that she would not become pregnant. In general, women in urban areas, women in the 25-39 year old age group, those in me higher education and socio-economic categories, and those who are users of contraception, especially pill users, were more aware of the efficacy of the pill. The minority of traditional method users who consider modern methods are more effective than traditional methods were also more likely to believe the pill is an effective method of contraception. Women in other groups did not generally report that the pill is not effective, but rather they did not know whether it is or not. This is especially true for rural women, less educated women, and women in the lowest socio-economic category.

Overall, 43% of women said the pill is unsafe for women's health and another 38% did not know whether the pill is safe or not (Table 8.4.2). Fewer than 20% of women believed that the pill is at least somewhat safe. The percentage who felt that the pill is safe was highest for women in Bucharest and women aged 20-34 years. It was also highest among pill users, the best educated women, and those in the highest socio-economic category. As with the effectiveness of the pill, rural women, less educated women, those in the lowest socio-economic category, and non-pill users tended not to know whether the pill was safe or not.

Clearly, a large proportion of women in Romania have misconceptions about oral contraceptives (see also Chapter VI). If a greater proportion of Romanian women are to be persuaded to use the pill, there is a great need for health education efforts regarding the effectiveness and safety of this method.

Over half of the women (54%) agreed that me pill is easy to use and one-fourth (26%) agreed that it is not bothersome to take the pill daily (Table 8.4.3). In both cases, positive responses increase with educational attainment and is higher for Bucharest and other urban areas. Only 38% agreed that "the pill removes the fear of getting pregnant" and only one in five women (19%) knew that "the pill makes menstrual cycle more regular". Less than 20% of women thought that taking the pill "does not increase the risk of getting cancer" (19%), "does not cause infertility after long periods of time" (17%), "is not bad for blood circulation" (12%), or "does not make you nervous" (12%).

TABLE 8.4.1
How Sure Can A Woman Be That The Pill Will Prevent Pregnancy When Taken Correctly?
Opinions Of Women Aged 15-44, By Selected Characteristics
Reproductive Health Survey: ROMANIA, 1993

	Completely Sure	Almost Sure	Fairly Sure	Not Sure At All	Don't Know	Total	Unweighted No. Of Cases
Total	**11.9**	**13.6**	**9.2**	**20.8**	**44.6**	**100.0**	**(4,859*)**
Residence							
Bucharest	16.3	16.7	14.8	21.2	30.9	100.0	(1,081)
Other Urban	13.7	15.4	10.5	22.7	37.7	100.0	(2,110)
Rural	8.1	10.1	5.7	18.1	58.0	100.0	(1,668)
Age Group							
15-19	4.9	12.9	8.5	17.9	55.9	100.0	(745)
20-24	10.0	15.0	11.2	20.8	42.9	100.0	(896)
25-29	15.3	15.4	10.2	24.1	35.0	100.0	(834)
30-34	17.6	14.4	9.9	20.0	38.1	100.0	(798)
35-39	16.2	12.0	7.9	22.6	41.3	100.0	(890)
40-44	10.5	12.0	7.6	20.4	49.6	100.0	(696)
Marital Status							
Married	13.9	13.2	8.4	21.9	42.6	100.0	(3,314)
Consensual Union	7.1	10.8	10.1	22.7	49.4	100.0	(226)
Previously Married	14.9	10.5	8.7	25.8	40.1	100.0	(277)
Never Married	7.5	15.3	11.0	17.1	49.1	100.0	(1,042)
Education							
Primary	6.8	5.5	4.9	18.1	64.7	100.0	(1,151)
Secondary Incomplete	10.4	10.7	8.1	20.8	50.0	100.0	(1,452)
Secondary Complete	15.2	17.6	11.6	23.1	32.5	100.0	(1,604)
Post Secondary & More	18.7	29.1	15.4	20.9	15.9	100.0	(652)
Socio-Economic Index							
Low	7.2	8.1	6.5	17.1	61.1	100.0	(1,608)
Medium	13.5	16.2	9.8	22.8	37.7	100.0	(2,624)
High	18.8	17.5	14.3	22.8	26.6	100.0	(627)
Current Contraceptive Use							
Pill	63.4	20.0	8.8	6.3	1.6	100.0	(131)
IUD	21.0	19.5	9.7	29.6	20.3	100.0	(171)
Condom	21.2	17.8	15.7	25.0	20.4	100.0	(189)
Tubal Ligation	12.0	5.8	1.8	26.8	53.5	100.0	(41)
Rhythm	17.0	18.2	11.8	18.2	34.9	100.0	(358)
Withdrawal	11.5	12.0	9.3	23.0	44.2	100.0	(1,229)
Other	27.8	15.3	10.2	20.7	25.9	100.0	(44)
None	8.4	13.1	8.6	20.0	49.9	100.0	(2,696)
Traditional Method User's Opinion of Modern Methods							(1587)
Modern Method Less Eff.	9.8	16.5	6.4	26.8	40.5	100.0	(516)
About Equally Eff.	14.0	12.9	17.1	19.7	36.3	100.0	(476)
Modern Method More Eff.	21.0	16.5	11.3	20.6	30.6	100.0	(315)
Don't Know	5.9	4.5	2.8	19.2	67.5	100.0	(280)

* Excludes two women who refused to answer.

TABLE 8.4.2
How Safe For A Woman's Health Is The Pill?
Opinions Of Women Aged 15-44, By Selected Characteristics
Reproductive Health Survey: ROMANIA, 1993

	Very Safe	Safe	Somewhat Safe	Not Safe	Don't Know	Total	Unweighted No. Of Cases
Total	**2.2**	**9.6**	**6.8**	**43.0**	**38.4**	**100.0**	**(4,858*)**
Residence							
Bucharest	3.5	12.6	10.2	49.7	24.0	100.0	(1,081)
Other Urban	2.5	11.0	7.7	46.3	32.6	100.0	(2,109)
Rural	1.4	6.9	4.6	36.5	50.6	100.0	(1,668)
Age Group							
15-19	0.9	7.3	5.8	35.0	51.0	100.0	(745)
20-24	2.5	11.6	7.7	37.1	41.1	100.0	(896)
25-29	2.3	13.0	7.4	47.7	29.7	100.0	(834)
30-34	2.4	11.3	7.6	47.8	31.0	100.0	(798)
35-39	3.1	8.2	7.4	49.8	31.5	100.0	(889)
40-44	2.1	7.3	5.2	44.8	40.6	100.0	(696)
Marital Status							
Married	2.5	9.3	6.6	46.1	35.4	100.0	(3,313)
Consensual Union	1.6	11.0	4.3	37.0	46.2	100.0	(226)
Previously Married	2.2	10.9	5.6	44.3	37.1	100.0	(277)
Never Married	1.6	9.9	7.9	36.5	44.2	100.0	(1,042)
Education							
Primary	1.4	4.7	3.0	32.3	58.7	100.0	(1,151)
Secondary Incomplete	1.2	8.3	5.5	42.4	42.6	100.0	(1,451)
Secondary Complete	3.0	12.0	8.6	49.5	26.9	100.0	(1,604)
Post Secondary & More	4.6	18.1	14.4	51.3	11.6	100.0	(652)
Socio-Economic Index							
Low	1.2	7.7	3.9	32.8	54.4	100.0	(1,753)
Medium	2.4	10.5	8.1	48.6	30.4	100.0	(2,570)
High	4.7	12.5	11.5	52.8	18.5	100.0	(535)
Current Contraceptive Use							
Pill	22.1	29.5	21.7	21.5	5.4	100.0	(131)
IUD	6.6	10.0	10.9	57.1	15.4	100.0	(171)
Condom	3.7	16.1	11.5	50.1	18.6	100.0	(189)
Tubal Ligation	0.0	3.8	5.8	44.1	46.2	100.0	(41)
Rhythm	1.6	10.8	7.5	50.2	29.9	100.0	(358)
Withdrawal	0.8	8.9	6.4	48.0	35.8	100.0	(1,228)
Other	6.3	22.3	11.7	43.4	16.4	100.0	(44)
None	1.7	8.6	5.8	39.9	43.9	100.0	(2,696)
Traditional Method User's Opinion of Modern Methods							**(1586)**
Modern Meth. Less Eff.	0.9	10.3	2.8	55.6	30.4	100.0	(516)
About Equally Eff.	0.7	11.5	12.6	45.9	29.4	100.0	(476)
Modern Meth. More Eff.	1.9	9.6	8.8	53.3	26.4	100.0	(315)
Don't Know	0.0	3.8	1.8	35.2	59.2	100.0	(279)

* Excludes three women who refused to answer.

TABLE 8.4.3
Percent of Women 15-44 Years Of Age
Who Agree With Selected Statements About Characteristics Of The Pill
By Residence And Educational Attainment
Reproductive Health Survey: ROMANIA, 1993

Statement About The Pill	Total	Residence			Educational Attainment			
		Bucharest	Other Urban	Rural	Primary	Sec. Incomplete	Sec. Complete	College& University
The Pill Is Easy To Use	53.9	70.4	60.2	40.2	31.7	49.4	66.7	82.1
The Pill Removes The Fear Of Getting Pregnant	38.5	54.8	42.1	28.6	20.7	28.1	48.6	62.6
The Pill Causes You To Gain Weight	32.6	47.8	36.0	23.4	21.1	28.6	41.5	46.2
It Is Not Bothersome To Remember To Take The Pill Daily	25.9	32.6	28.7	20.1	19.0	24.9	30.1	33.3
The Pill Makes Menstrual Cycle More Regular	19.4	26.9	22.8	12.7	10.3	15.2	25.0	37.0
Taking The Pill Does Not Increase The Risk Of Getting Cancer	19.0	26.9	19.7	15.6	14.1	17.4	20.9	29.8
Taking The Pill For Long Periods Does Not Cause Infertility	16.7	28.0	17.3	12.4	11.4	14.1	19.2	29.2
The Pill Is Not Bad For Blood Circulation	12.4	18.4	13.1	9.7	9.4	1.1	13.8	19.1
The Pill Does Not Make You Nervous	11.5	16.7	12.0	9.0	9.0	10.2	13.4	15.5
Unweighted Number Of Cases	4,858	1,081	2,109	1,668	1,151	1,451	1,604	652

More accurate responses were obtained from women residing in Bucharest. The likelihood of giving a correct answer also increased as the level of educational attainment increased.

Similar to the series of questions on oral contraceptives, respondents were asked two questions to learn their opinions about the IUD. As with the pill, women were generally unaware of the efficacy of the IUD (49%) or underestimated its ability to prevent pregnancy. Only 32% of respondents said that a woman whose IUD was inserted correctly could be completely or almost sure that she would not become pregnant, while almost half said they do not know (Table 8.4.4).

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TABLE 8.4.4
How Sure Can A Woman Be That The IUD Will Prevent Pregnancy When Inserted Correctly?
Opinions Of Women Aged 15-44, By Selected Characteristics
Reproductive Health Survey: ROMANIA, 1993

	Completely Sure	Almost Sure	Fairly Sure	Not Sure At All	Don't Know	Total	Unweighted No. Of Cases
Total	**18.5**	**13.4**	**7.9**	**11.5**	**48.7**	**100.0**	**(4,858*)**
Residence							
Bucharest	29.1	20.4	11.9	10.1	28.5	100.0	(1,081)
Other Urban	20.9	14.5	8.4	14.1	42.2	100.0	(2,110)
Rural	12.1	9.7	5.9	8.6	63.8	100.0	(1,668)
Age Group							
15-19	8.7	9.7	5.8	8.1	67.6	100.0	(745)
20-24	18.5	15.4	9.8	9.0	47.4	100.0	(896)
25-29	23.8	16.4	12.2	13.5	34.2	100.0	(834)
30-34	25.2	15.4	6.41	4.1	38.9	100.0	(798)
35-39	22.2	13.9	7.8	13.4	42.7	100.0	(889)
40-44	16.8	10.7	5.6	13.0	53.8	100.0	(696)
Marital Status							
Married	21.5	14.0	7.7	13.1	43.7	100.0	(3,313)
Consensual Union	14.4	10.1	8.4	10.7	56.5	100.0	(226)
Previously Married	20.4	15.0	6.3	13.4	44.9	100.0	(277)
Never Married	12.0	12.3	8.4	7.7	59.7	100.0	(1,042)
Education							
Primary	11.3	5.1	3.9	10.4	69.4	100.0	(1,151)
Secondary Incomplete	14.0	10.6	6.7	11.8	57.0	100.0	(1,451)
Secondary Complete	24.9	18.0	10.5	12.3	34.3	100.0	(1,604)
Post Secondary & More	30.5	27.5	12.8	11.3	17.9	100.0	(652)
Socio-Economic Index							
Low	11.7	8.1	5.3	7.8	67.1	100.0	(1,607)
Medium	21.2	15.7	9.0	13.3	40.8	100.0	(2,624)
High	26.4	18.7	10.2	14.2	30.5	100.0	(627)
Current Contraceptive Use							
IUD	53.4	24.6	11.3	8.1	2.6	100.0	(171)
Pill	16.7	14.7	16.4	18.1	34.2	100.0	(131)
Condom	27.0	18.0	18.1	14.6	22.3	100.0	(189)
Tubal Ligation	13.8	11.6	2.0	15.8	56.8	100.0	(41)
Rhythm	31.6	16.8	10.4	11.5	29.6	100.0	(358)
Withdrawal	20.3	13.1	7.0	13.3	46.4	100.0	(1,228)
Other	25.3	23.5	12.9	14.1	24.2	100.0	(44)
None	14.4	12.2	6.9	10.5	56.0	100.0	(2,696)
Traditional Method User's Opinion Of Modern Methods							**(1586)**
Modern Meth. Less Eff.	20.8	16.1	5.6	13.7	43.8	100.0	(516)
About Equally Eff.	24.0	14.9	11.6	12.0	37.6	100.0	(476)
Modern Meth. More Eff.	32.1	15.1	9.4	13.4	30.1	100.0	(315)
Don't Know	13.4	6.7	3.6	12.1	64.2	100.0	(279)

* Excludes three women who refused to answer.

TABLE 8.4.5
How Safe For A Woman's Health Is The IUD?
Opinions Of Women Aged 15-44, By Selected Characteristics
Reproductive Health Survey: ROMANIA, 1993

	Very Safe	Safe	Somewhat Safe	Not Safe	Don't Know	Total	Unweighted No. Of Cases
Total	5.3	15.4	7.0	20.1	52.2	100.0	(4,857*)
Residence							
Bucharest	8.9	20.4	13.1	24.8	32.8	100.0	(1,080)
Other Urban	5.7	17.7	7.3	23.1	46.3	100.0	(2,109)
Rural	3.6	10.9	4.7	14.7	66.1	100.0	(1,668)
Age Group							
15-19	2.1	9.5	3.7	13.5	71.2	100.0	(745)
20-24	6.3	15.4	7.6	18.4	52.4	100.0	(896)
25-29	6.9	21.4	11.1	20.5	40.1	100.0	(833)
30-34	6.8	19.1	9.2	21.5	43.5	100.0	(798)
35-39	6.4	15.6	6.2	26.8	44.9	100.0	(889)
40-44	4.0	14.6	5.6	22.4	53.4	100.0	(696)
Marital Status							
Married	6.2	16.9	7.5	22.5	47.0	100.0	(3,313)
Consensual Union	3.5	11.3	6.6	22.8	55.9	100.0	(226)
Previously Married	5.9	14.7	7.9	21.2	50.3	100.0	(277)
Never Married	3.4	13.0	5.7	14.1	63.8	100.0	(1,041)
Education							
Primary	3.0	8.4	2.6	16.3	69.8	100.0	(1,151)
Secondary Incomplete	2.8	13.0	5.6	19.1	59.6	100.0	(1,451)
Secondary Complete	7.8	19.5	9.4	23.1	40.2	100.0	(1,603)
Post Secondary & More	10.5	27.2	14.3	23.9	24.1	100.0	(652)
Socio-Economic Index							
Low	3.1	10.3	4.0	13.5	69.1	100.0	(1,606)
Medium	5.7	17.5	8.1	23.9	44.7	100.0	(2,624)
High	9.5	21.2	10.8	22.4	36.1	100.0	(627)
IUD Use							
IUD User	34.9	37.4	13.3	6.2	8.3	100.0	(171)
Does Not Use IUD	4.4	14.8	6.8	20.6	53.5	100.0	(4,686)
Other Method Use							
Pill	5.7	18.7	9.0	27.6	39.1	100.0	(131)
Condom	6.0	25.3	14.5	23.7	30.6	100.0	(189)
Tubal Ligation	5.8	7.8	4.0	16.4	66.0	100.0	(41)
Rhythm	8.6	18.7	11.2	25.6	36.0	100.0	(358)
Withdrawal	5.0	15.1	7.0	22.5	50.6	100.0	(1,228)
Other	7.8	17.8	15.6	27.6	31.3	100.0	(44)
None	3.5	13.6	5.7	18.8	58.4	100.0	(2,695)
Traditional Method User'sOpinion Of Modern Methods							
Modern Meth. Less Eff.	4.8	18.0	5.2	25.8	46.3	100.0	(516)
About Equally Eff.	7.9	17.3	11.5	23.7	39.6	100.0	(476)
Modern Meth. More Eff.	5.2	17.5	11.5	25.8	40.0	100.0	(315)
Don't Know	4.3	7.2	3.1	14.9	70.5	100.0	(273)

* Excepts four women who refused to answer.

In general, women in urban areas, women in the 25-39 year old age group, those in the higher education and socio-economic categories, and those who are users of the IUD were more aware of the efficacy of the IUD. As with the pill, the minority of traditional method users who consider modern methods are more effective than traditional methods were more likely to be aware of IUD efficacy in preventing pregnancy.

Women in other groups do not generally report that the IUD is not effective, but rather they did not know whether it would prevent pregnancy when inserted correctly. This is especially true for rural women, very young women, those over 40, less educated women, women in the lowest socio-economic category, as well as those never married or those in consensual union.

Compared to the pill, a much lower percentage of women (20%) thought the IUD is unsafe for women's health, but a higher percentage (52%) did not know whether the IUD is safe or not (Table 8.4.5). Nonetheless, only 28% of women feel the IUD is somewhat safe, safe or very safe. The percentage believing that the IUD was safe is slightly higher among married women (31%), increases somewhat with age, and is highest among the IUD users (87%), the best educated women (52%), those living in Bucharest (42%) those with upper socio-economic status (42%) and, interestingly, those who use condoms (46%) or rhythm (39%). As with the effectiveness of the IUD, rural, less educated women, and women in the lowest socio-economic category tended not to know whether the IUD is safe or not.

As is the case with the pill, if a greater proportion of Romanian women are to be persuaded to use the IUD, there is a great need for health education efforts regarding the effectiveness and the safety of this method.

8.5 Information About Contraceptive Methods

More than half of the respondents (57%) would like to have more information about contraception (Table 8.5.1). This is inversely correlated with age, with more than 75% of women under the age of 25 reporting a desire for information on this subject and only 38% and 21%, respectively, of women aged 35-39 or 40-44 years. Associated with younger age, 79% of never married women and 73 % of childless women expressed a desire for more information.

Table 8.5.2 shows that most (74%) respondents feel that a doctor who is an obstetrician-gynecologist would be the most reliable person to provide information on contraception. Ten percent of respondents, particularly younger women, would rely on their mother for this information.

TABLE 8.5.1
Percentage Of Women Aged 15-44
Who Desire More Information About Contraceptive Methods
By Selected Characteristics
Reproductive Health Survey: ROMANIA, 1993

	Percent	Unweighted No. Of Cases
Total	**57.4**	**(4,858*)**
Residence		
Bucharest	61.1	(1,081)
Other Urban	57.5	(2,109)
Rural	56.2	(1,668)
Age Group		
15-19	78.7	(745)
20-24	76.5	(896)
25-29	67.7	(834)
30-34	53.0	(798)
35-39	38.0	(889)
40-44	20.7	(696)
Marital Status		
Married	49.5	(3,313)
Consensual Union	56.2	(226)
Previously Married	39.2	(277)
Never Married	79.0	(1,042)
Education		
Primary	40.8	(1,151)
Secondary Incomplete	64.3	(1,451)
Secondary Complete	64.0	(1,604)
Post Secondary & University	58.3	(652)
No. Living Children		
0	73.3	(1533)
1	56.4	(1204)
2	48.1	(1388)
3	39.4	(428)
4 +	35.0	(305)
Socio-Economic Index		
Low	55.8	(1,607)
Medium	58.3	(2,624)
High	58.1	(627)
Ethnic Group		
Romanian	57.8	(4,397)
Hungarian	55.5	(258)
Gypsy	54.8	(133)
Other	49.4	(70)
Contraceptive Use		
Pills	61.5	(131)
IUD	60.0	(171)
Condom	72.8	(189)
Tubal Ligation	13.6	(41)
Rhythm	53.6	(358)
Withdrawal	57.9	(1,228)
Other	86.1	(44)
None	56.9	(2,696)

* Excludes three women who refused to answer.

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TABLE 8.5.2
Who Would Be The Most Reliable Person To Provide Information On Contraception?
Opinion Of Women 15-44 Who Desire More Information About Contraceptive Methods
By Selected Characteristics
Reproductive Health Survey: ROMANIA, 1993

	Doctor OB/GYN	Other Doctor	Nurse	Mother	News-paper	Other	Don't Know	Total	Unweighted No. Of Cases
Total	73.7	2.6	2.3	9.6	5.9	4.5	1.5	100.0	(2,748)
Residence									
Bucharest	76.3	1.2	0.6	7.7	10.6	2.9	0.6	100.0	(642)
Other Urban	77.6	1.2	1.3	10.2	5.9	3.2	0.7	100.0	(1,177)
Rural	67.3	5.0	4.3	9.3	4.4	6.9	2.9	100.0	(929)
Age Group									
15-19	49.5	1.5	2.7	27.4	7.8	8.0	3.0	100.0	(588)
20-24	76.3	3.4	3.5	6.0	5.4	4.4	1.0	100.0	(679)
25-29	85.3	3.6	1.9	1.2	3.8	3.5	0.8	100.0	(566)
30-34	89.1	2.7	1.4	0.0	4.2	1.6	1.1	100.0	(429)
35-39	88.7	2.7	0.8	0.0	5.4	1.8	0.6	100.0	(343)
40-44	85.0	0.6	1.5	0.0	9.8	2.6	0.6	100.0	(143)
Marital Status									
Married	86.0	3.2	1.6	0.8	4.0	3.2	1.2	100.0	(1,702)
Consensual Union	74.0	4.5	2.3	7.0	3.7	8.2	0.4	100.0	(124)
Previously Married	69.4	3.2	5.4	6.5	8.1	2.7	4.6	100.0	(105)
Never Married	56.3	1.3	3.1	22.7	8.7	6.2	1.7	100.0	(817)
Education									
Primary	70.6	5.0	2.9	9.7	3.6	5.0	3.3	100.0	(442)
Secondary Incomplete	65.9	2.6	2.8	15.7	5.8	5.3	1.8	100.0	(905)
Secondary Complete	81.2	1.4	2.2	4.9	5.9	3.7	0.7	100.0	(1,018)
Post Secondary & More	79.4	2.0	0.0	4.8	10.0	3.8	0.0	100.0	(383)
No. Living Children									
0	59.1	1.4	2.7	20.0	8.1	6.7	2.0	100.0	(1,072)
1	85.3	3.0	2.0	1.4	2.9	4.1	1.3	100.0	(684)
2	88.8	3.0	1.1	0.0	5.3	1.6	0.2	100.0	(700)
3	79.7	6.4	4.0	1.2	4.5	2.2	2.1	100.0	(178)
4 +	84.2	5.1	3.2	0.0	2.4	2.7	2.4	100.0	(114)
Church Attendance									
Every Month	74.8	1.6	2.7	10.1	5.3	4.3	1.3	100.0	(717)
Less Than 1 / Month	71.3	2.9	2.7	11.0	5.9	5.2	1.0	100.0	(524)
Holidays Only	74.0	2.7	2.1	9.1	6.3	4.1	1.7	100.0	(1,349)
Never	73.5	5.7	0.7	4.5	6.1	7.4	2.1	100.0(	(158)
Contraceptive Use									
Pill	92.2	1.9	0.6	1.3	1.4	2.7	0.0	100.0	(83)
IUD	95.7	0.0	0.0	0.0	3.2	1.1	0.0	100.0	(105)
Condom	86.0	2.5	0.8	0.0	7.3	3.4	0.0	100.0	(139)
Tubal Ligation	.	.	.	.	.	.	.	.	(8)
Rhythm	89.9	0.0	0.6	0.0	6.9	2.1	0.6	100.0	(198)
Withdrawal	84.0	4.1	2.0	1.9	3.4	3.6	1.1	100.0	(735)
Other	74.1	2.9	0.0	4.2	4.3	4.5	0.0	100.0	(36)
None	64.9	2.3	3.0	5.2	7.2	5.5	2.0	100.0	(1,444)

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8.6 Attitudes Toward Family and Reproductive Roles

Respondents were asked whether they agreed or disagreed with six statements, shown in Table 8.6.1, regarding children, sexual activity and condoms. There was considerable agreement with the first three of the statements shown. Most women agreed that it is alright for a woman to choose to not have children (78%), that it is possible for a woman to become pregnant at the time of first sexual intercourse (67%), and that a woman should be a virgin when she marries (63%). It is interesting, however, mat as many as one-third of women did not know a woman can get pregnant at first intercourse.

TABLE 8.6.1
Percent of Women 15-44 Years Of Age
Who Agree With Selected Statements About Child care, Sexual Activity And Contraception
By Residence And Educational Attainment
Reproductive Health Survey: ROMANIA, 1993

		Residence			Educational Attainment			
	Total	Bucharest	Other Urban	Rural	Primary	Sec. Incomplete	Sec. Complete	College& University
It Is All right For A Woman To Choose To Not Have Children	78.0	87.2	79.9	72.5	68.9	79.0	80.8	88.2
A Woman Can Become Pregnant At First Sexual Intercourse	67.3	79.0	69.1	61.2	61.3	61.0	72.4	84.2
A Women Should Be A Virgin When She Marries	62.7	38.8	58.2	76.3	80.9	70.7	51.3	30.1
Care Of Children Is Women's Task Only	24.4	20.2	18.9	33.1	39.9	25.7	16.3	7.4
Condoms Do Not Decrease Sexual Pleasure For Women	12.7	22.2	14.9	6.7	7.8	8.8	15.0	28.4
It Is All right To Use A Condom More Than Once	1.5	1.9	1.2	1.7	1.8	1.5	1.1	1.6
Unweighted Number Of Cases	4,858	1,081	2,109	1,668	1,151	1,451	1,604	652

For the first two statements, agreement was higher in more urban areas and among better educated women, while the opposite was true for me third statement on virginity at marriage. Slightly less than one-fourth of women (24%) agreed with the fourth statement that "Child care is woman's work," which along with the first statement, "It is all right for a woman to choose to not have children," indicated that most Romanian women do not feel mat women should be restricted to traditional roles. Only 13 % of respondents agreed with the fifth statement, "Use of a condom does not decrease sexual pleasure for a woman" and less than 2 percent agreed with the last statement, "It is all right to use a condom more than once."

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Table 8.6.2 presents respondents' opinions on what a woman should do if she has an unintended pregnancy. Among those who believe that a woman always have the right to decide about her pregnancy, more than 64% considered that her decision should be to have an abortion and less than one-fourth thought that she should have the baby and keep it. Another 6% stated the baby should be given up for adoption and 7% did not know what should be done. Interestingly, there is little difference in opinions about what a woman should do if she has an unintended pregnancy by specific circumstances surrounding the pregnancy.

There was some variation in opinion on this subject according to respondent characteristics (Table 8.6.3). Women in the midst of their childbearing years, between the ages of 20 and 35, were more likely to say that a woman should have an abortion. In general, urban, well-educated, higher socio-economic status women, as well as women who attend church less frequently were more likely to report that the woman in this position should have an abortion and that she not keep the baby. Women under the age of twenty were more inclined than other groups toward giving the child up for adoption, while Hungarian women were much less likely to suggest an adoption.

TABLE 8.6.2
Opinions On What A Woman Should Do If She Has An Unwanted Pregnancy
By Opinions On When Abortion Is Permissible Under Various Personal Circumstances
Women Aged 15-44 (Percent Distribution)
Reproductive Health Survey: ROMANIA, 1993

Women Who Believe That:	If A Woman Has An Unwanted Pregnancy She Should:					
	Have An Abortion	Have The Baby And Keep It	Give The Baby For Adoption	Don't Know	Total	Unweighted No. Of Cases
A Woman Always Has The Right To Decide About Her Pregnancies	64.3	22.8	6.0	6.9	100.0	3,479
A Woman May Have An Abortion Only If The Fetus Is Deformed	59.7	22.9	8.6	8.8	100.0	1,130
A Woman May Have An Abortion Only If Her Life Is In Danger	57.6	24.4	9.6	8.5	100.0	1,083
A Woman May Have An Abortion Only If Her Health In Danger	58.9	22.9	9.6	8.9	100.0	938
A Woman May Have An Abortion Only If She Is Pregnant Because Of Rape	62.3	19.8	9.5	8.4	100.0	903
A Woman May Have An Abortion Only If She Has Financial Problems	67.1	20.3	5.5	7.1	100.0	557
A Woman May Have An Abortion Only If She Is Unmarried	66.9	19.2	8.7	5.2	100.0	396

TABLE 8.6.3
Opinions On What A Woman Should Do If She Has An Unintended Pregnancy
Women Aged 15-44 By Selected Characteristics (Percent Distribution)
Reproductive Health Survey: ROMANIA, 1993

Characteristics	If A Woman Has An Unintended Pregnancy She Should:					
	Have An Abortion	Have The Baby And Keep It	Give The Baby For Adoption	Don't Know	Total	Unweighted No. Of Cases
Total	**61.3**	**23.7**	**7.1**	**7.9**	**100.0**	**(4,854*)**
Residence						
Bucharest	71.6	13.2	8.4	6.8	100.0	(1,080)
Other Urban	62.5	23.1	7.2	7.3	100.0	(2,107)
Rural	56.5	27.9	6.7	8.9	100.0	(1,667)
Age Group						
15-19	49.0	26.5	12.3	12.2	100.0	(745)
20-24	66.5	20.6	5.5	7.4	100.0	(896)
25-29	70.4	19.2	4.6	5.8	100.0	(834)
30-34	66.8	21.4	6.1	5.7	100.0	(796)
35-39	61.7	24.0	6.0	8.3	100.0	(889)
40-44	57.4	30.1	6.7	5.9	100.0	(694)
Marital Status						
Married	64.5	23.4	5.6	6.5	100.0	(3,309)
Consensual Union	58.2	25.1	7.6	9.1	100.0	(226)
Previously Married	63.7	23.0	6.6	6.7	100.0	(277)
Never Married	54.0	24.4	10.7	11.1	100.0	(1,042)
Education						
Primary	50.3	31.6	8.3	9.8	100.0	(1,150)
Secondary Incomplete	59.3	24.2	8.9	7.6	100.0	(1,451)
Secondary Complete	68.7	19.0	5.4	6.9	100.0	(1,603)
Post Secondary & More	71.3	17.5	4.3	6.9	100.0	(650)
Ethnic Group						
Romanian	61.4	23.7	7.5	7.5	100.0	(4,393)
Hungarian	65.3	23.0	1.0	10.7	100.0	(258)
Gypsy	55.8	23.7	8.6	11.9	100.0	(133)
Other	53.9	32.5	6.6	7.0	100.0	(70)
No. Living Children						
0	55.5	24.4	9.8	10.3	100.0	(1,531)
1	68.5	19.9	5.1	6.5	100.0	(1,204)
2	67.4	20.9	5.3	6.4	100.0	(1,386)
3	55.8	30.4	6.3	7.4	100.0	(428)
4 +	52.0	35.5	7.4	5.1	100.0	(305)
Socio-Economic Index						
Low	54.9	28.0	6.8	10.4	100.0	(1,607)
Medium	63.7	22.5	7.6	6.3	100.0	(2,621)
High	69.4	16.8	6.4	7.4	100.0	(626)
Church Attendance						
Every Month	51.1	32.5	8.4	8.0	100.0	(1,350)
Less Than 1 / Month	57.4	25.4	8.0	9.2	100.0	(924)
Holidays Only	69.2	17.7	6.2	6.9	100.0	(2,279)
Never	67.8	18.9	4.8	8.5	100.0	(301)

* Excludes three women who refused to answer.

CHAPTER IX

MATERNAL CARE

9.1 Prenatal Care

One of the main objectives of the survey was to provide information about prenatal care in order to identify subgroups of women or their babies who are at higher risk of inadequate use of maternal health services. Extensive questions about the most recent pregnancy were asked of all women who had given birth in the five years prior to the survey.

TABLE 9.1.1
Number of Prenatal Care Visits For Last Pregnancy Resulting in A Live Birth By Selected Characteristics of Mothers
Women Aged 15-44 With A Live Birth Since January 1988
Reproductive Health Survey, ROMANIA 1993

Characteristics	Number of Prenatal Care Visits							Unweighted
	No Prenatal Care Visits	1-3	4-6	7-9	10+ *	Don't Know	Total	No.of Cases
T o t a l	5.8	19.3	33.8	17.5	22.5	1.1	100.0	(1440)
Residence								
Bucharest	9.1	18.2	32.6	13.6	25.8	0.7	100.0	(253)
Other Urban	3.1	15.8	32.6	20.7	27.1	0.7	100.0	(532)
Rural	7.8	22.9	35.2	15.2	17.4	1.5	100.0	(624)
Region								
Bucharest	9.1	18.2	32.6	13.6	25.8	0.7	100.0	(253)
Vallachia	7.8	19.9	31.6	18.3	21.9	0.6	100.0	(480)
Transilvania	3.7	15.3	34.0	18.5	26.1	2.3	100.0	(403)
Moldavia	4.4	24.0	37.4	16.5	17.5	0.3	100.0	(304)
Age Group								
15-24	8.3	24.3	30.6	15.4	20.1	1.3	100.0	(468)
25-29	3.2	18.7	33.1	20.5	23.9	0.6	100.0	(510)
30-34	6.5	13.9	43.2	11.8	27.0	0.8	100.0	(287)
35-44	5.4	15.9	38.1	15.5	24.6	0.6	100.0	(175)
Education Level								
Primary	10.1	23.8	35.5	12.7	16.7	1.2	100.0	(329)
Secondary Incomplete	6.6	22.6	37.3	16.4	17.3	0.8	100.0	(472)
Secondary Complete	2.9	14.9	30.7	20.6	29.5	1.4	100.0	(514)
College & University	1.9	11.0	31.7	23.9	31.5	0.0	100.0	(125)
Socio-conomic Status								
Low	7.6	25.0	35.6	14.0	16.2	1.6	100.0	(589)
Medium	4.3	15.4	33.2	19.6	26.8	0.7	100.0	(612)
High	5.3	14.3	30.5	20.8	28.4	0.7	100.0	(239)

*/ Includes women who declared they have as many prenatal visits as the doctor/midwife recommended

The overall percentage of women receiving any prenatal care is 94% and varies within a narrow range according to maternal characteristics. Lower levels are recorded among women who reside in Bucharest (91%) or in rural areas (92%). The proportion of mothers who did not receive prenatal care is almost three times higher among young adults (8%) than among women aged 25-29 (3%), the group most likely to have prenatal care. The use of prenatal care is directly correlated with educational attainment and socioeconomic status. Ten percent of mothers with primary school did not receive any prenatal care compared to only 3 % of mothers with complete secondary school or higher education. About 8% of mothers with low socioeconomic status had no prenatal care visits compared with mothers with medium or high socioeconomic status (4% and 5%, respectively).

Although the vast majority of mothers at some point during their last pregnancy visited a prenatal care facility, a large proportion of them did not meet the recommendations of the MOH maternal health program. This program promotes beginning of prenatal care as soon the woman suspects she is pregnant (preferably during the first 12 weeks of pregnancy) and recommends at least 10 prenatal visits before delivery (Badea et al.,1993).

Table 9.1.1 also shows that between January 1988 and June 1993 less than a quarter (23%) of mothers had 10 or more visits during their last pregnancy which resulted in a live birth. Almost 20% had only 1-3 visits, 34% 4-6 visits and 18% 7-9 visits (Figure 9.1.1). Overall, the median number of prenatal care visits was 6.

The proportion of women who met the requirements of MOH/MCH program is even lower in rural areas and in the northeast part of the country (Moldavia). Is also directly correlated with age, education and socioeconomic status. The youngest mothers, those who did not complete high school and those with low socioeconomic status, have the highest level of non-compliance with the norms stipulated for periodic prenatal care visits.

Table 9.1.2 shows that only slightly more than a half of mothers (57%) had complied with the norms regarding early initiation of prenatal visits, whereas 34% sought prenatal care in the second trimester and 4% in the third trimester. The median age of gestation at first prenatal care, for mothers who delivered a live born child since 1988, is three months.

Since the number of visits is correlated with the trimester of pregnancy they started, women who attended prenatal care services continuously are the same women who started the visits in the early stage of pregnancy (Figure 9.1.2). For instance, mothers residing in urban areas other than Bucharest tend to start earlier (66% in the 1st trimester) and make more prenatal visits (48% with 7 or more visits), whereas residents of Bucharest are more likely to start later (43% in the 2nd or 3rd trimester) and only 40% have 7 or more visits. Women who started early and sought prenatal care most often had completed secondary school and are more likely to have medium or high socioeconomic status.

TABLE 9.1.2
Trimester of Pregnancy* at the First Prenatal Visit By Selected Characteristics Of Mothers
Women Aged 15-44 With A Live Birth Since January 1988
Reproductive Health Survey, ROMANIA 1993

| Characteristics | Trimester of Pregnancy at the First Visit | | | No Prenatal Care | Total | Unweighted No.of Cases |
	First Trimester	Second Trimester	Third Trimester			
T o t a l	**57.3**	**33.2**	**3.6**	**5.8**	**100.0**	**(1440)**
Residence						
Bucharest	47.7	36.7	6.4	9.1	100.0	(253)
Other Urban	65.5	28.8	2.6	3.1	100.0	(532)
Rural	51.4	36.6	4.1	7.8	100.0	(624)
Region						
Bucharest	47.7	36.7	6.4	9.1	100.0	(253)
Vallachia	54.2	34.2	3.9	7.8	100.0	(480)
Transilvania	63.6	29.4	3.3	3.7	100.0	(403)
Moldavia	57.9	35.2	2.6	4.4	100.0	(304)
Age Group						
15-24	50.8	36.7	4.2	8.3	100.0	(468)
25-29	59.6	33.4	3.8	3.2	100.0	(510)
30-34	62.5	29.1	1.8	6.5	100.0	(287)
35-44	60.7	29.4	4.6	5.4	100.0	(175)
Education Level						
Primary	52.0	33.6	4.2	10.1	100.0	(329)
Secondary Incomplete	53.3	36.0	4.1	6.6	100.0	(472)
Secondary Complete	61.8	32.1	3.2	2.9	100.0	(514)
College & University	72.0	24.8	1.4	1.8	100.0	(125)
Socio-conomic Status						
Low	49.3	38.5	4.7	7.6	100.0	(589)
Medium	63.6	29.3	2.8	4.3	100.0	(612)
High	62.1	29.5	4.3	5.3	100.0	(239)

* Last pregnancy resulted in a live birth

Prenatal care in Romania is provided mostly in dispensaries and polyclinics (Table 9.1.3). The primary care centers (dispensaries) serve a predetermined geographical area and are staffed by general practitioners, nurses and midwifes. They are attached to polyclinics where pregnant women are referred for their first Ob/Gyn assessment and for laboratory exams. If the risk assessment is favorable, most of prenatal care is provided in dispensaries and the Ob/Gyn specialist will reevaluate the pregnancy in the third trimester. If the first assessment finds specific

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FIGURE 9.1.1
Trimester of Pregnancy at First Visit and Number of Prenatal Care Visits
Women 15-44 with a Live Births since January 1988 - RRHS, 1993

Trimester of Pregnancy
at First Visit

Number of Prenatal
Care Visits

2nd Trimester 33%

3rd Trimester 4%

No Prenatal 6%

1st Trimester 57%

10+ Visits 23%

7-9 Visits 18%

No Visits 6%

1-6 Visits 53%
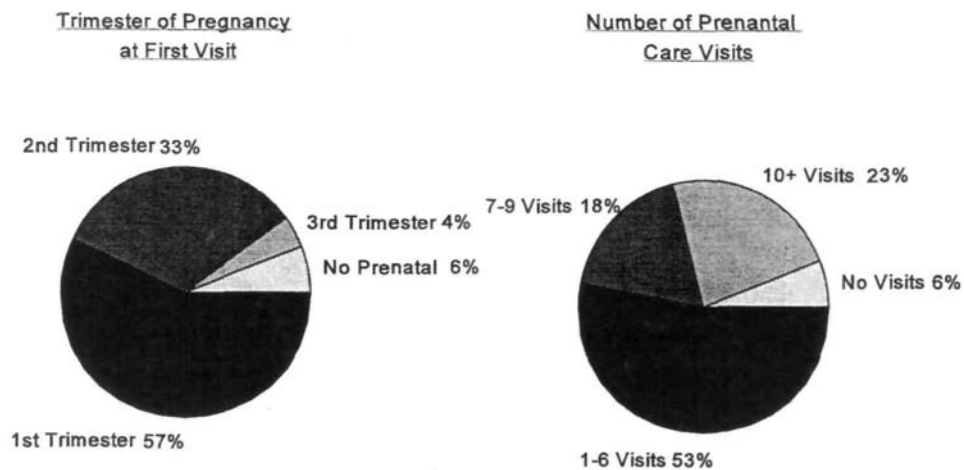
Note: Last live birth occured since January 1988

FIGURE 9.1.2
Number of Prenatal Care Visits By Stage of Pregnancy at First Visit
Women Aged 15-44 With A Live Birth Since January 1988 - RRHS, 1993

Visits   1-3   4-6   7-9   10+

■ 1st Trimester   ▨ 2nd Trimester   ☐ 3rd Trimester

120
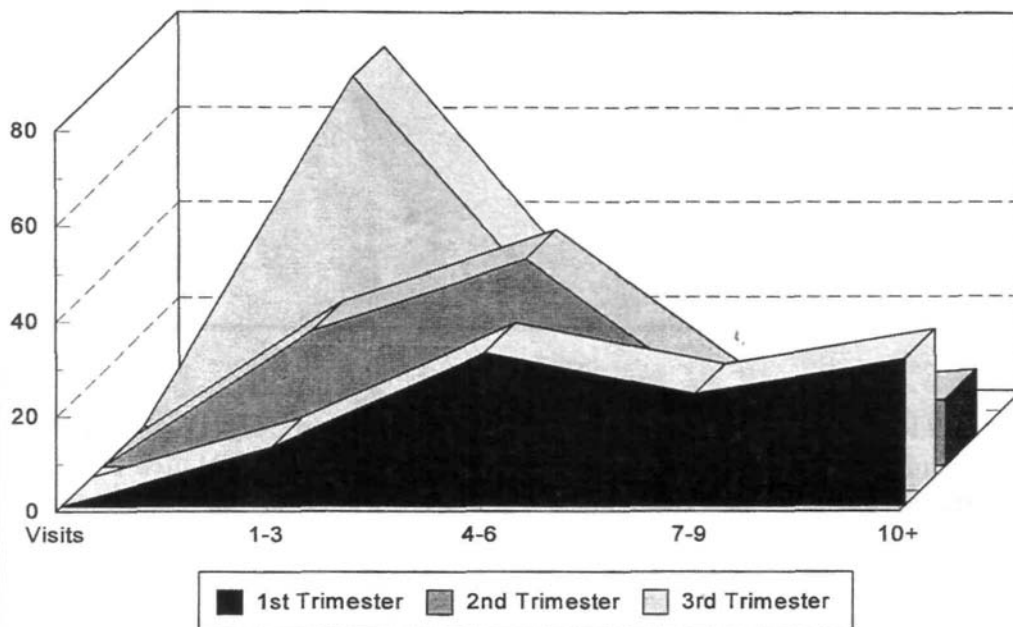
risk factors, most of the prenatal care will be provided in the policlinic by an Ob/Gyn and other specialists. Most of deliveries take place in hospitals and, in the rare event when home deliveries occur, postpartum mothers and their babies are referred to hospitals as soon as possible.

Both prenatal care and delivery services are free of charge within the government health system but most patients will make 'informal' payments to receive better services . An increasing number of Ob/Gyns, who work in government hospitals and normally provide only inpatient care, are starting to offer prenatal care on a fee-for-service basis. Many have opened private offices outside the hospitals were they usually work and offer a combination of private care for prenatal visits and delivery care in government maternities.

As shown in Table 9.1.3, for pregnancies resulting in live births since 1988, the principal source of prenatal care was the local dispensary (82% of mothers had at least one prenatal visit in a dispensary). The second most important source was the polyclinic (55%). A relatively high proportion of women sought prenatal care in governmental hospitals (24%). Only 8% received prenatal care at their homes and very few women went to private offices or clinics in the five years prior to the survey (2%).

Table 9.1.4 and Figure 9.1.3 show distributions of primary providers of prenatal care by selected characteristics of mothers. Overall, 36% of women declared that most prenatal care during their last pregnancy was provided by a general practitioner and 34% said that the source for most care was an Ob/Gyn. This is somewhat surprising since a normal pregnancy requires only two Ob/Gyn visits. Only 17% of women said that their provider for most visits was a midwife and 6% saw a physician and a midwife equally.

In Bucharest, the proportion of prenatal care offered by obstetricians (60%) is much higher then in the rest of the country (44% and 24%, respectively). If Bucharest is excluded, the differences in providers of prenatal care are negligible among regions. However, mothers' level of education has a strong influence on who provided the most prenatal care. Most poorly educated women saw general practitioners and midwifes for prenatal care and only 25% saw obstetricians. The proportion of prenatal care provided by obstetricians increases with the education level of mothers, reaching a maximum of 58% for the most educated women. There is a tendency for more prenatal care to be provided by OB/Gyns among women with low socioeconomic status, probably because they are more likely to have higher parity and other risk factors that require more specialized care. However, the overall percent of visits covered by physicians is similar to that among women with the higher status. Other characteristics, such as age, employment and religion have little impact on who provided most prenatal care.

TABLE 9.1.3
Place of Prenatal Care Visits By Selected Characteristics Of Mothers*
Women Aged 15-44 With A Live Birth Since January 1988
Reproductive Health Survey, ROMANIA 1993

Characteristics	Place of Prenatal Care Visits**				
	Dispensary	Policlinic	Hospital	Private Office	Home
Total	82.2	52.7	23.9	1.7	7.7
Residence					
Bucharest	64.0	56.4	29.9	1.1	7.2
Other urban	83.4	60.1	28..2	1.5	6.3
Rural	84.4	45.1	18.8	2.1	9.3
Region					
Bucharest	64.0	56.4	29.9	1.1	7.2
Vallachia	81.1	49.9	21.8	1.6	8.0
Transylvania	85.3	57.7	25.8	2.4	6.7
Moldavia	86.9	49.3	22,6	1.5	9.0
Education					
Primary	81.1	44.1	16.6	0.6	10,0
Secondary Incomplete	83.9	51.2	20.3	1.7	5,6
Secondary Complete	82.5	58.6	29.4	1.9	8.3
College& University	77.5	60.9	39.1	4.8	7.9
Number of Living Children					
0	81.2	55.6	29.4	2.6	6.5
1	82.7	56.2	22.3	1.3	8.8
2 or More	84.1	44.1	16.9	0.8	8.4
Socio-Economic Status					
Low	84.1	45.7	16.3	1.6	10.0
Medium	84.2	58.9	25.7	1.3	7.1
High	70.4	55.6	42.0	3.4	3.3

* Last pregnancy resulting in a live birth.
**At least one visit to place mentioned during pregnancy so that percentages may add to more than 100%

TABLE 9.1.4
Providers For Most Prenatal Care By Selected Characteristics Of Mothers*
Women Aged 15-44 With A Live Birth Since January 1988
Reproductive Health Survey, ROMANIA 1993

Characteristics	Providers of Most Prenatal Care					
	Obstetrician	General Practitioner	Midwife/Nurse	MD & Midwife	DK	No Provider
Total	**33.8**	**35.8**	**19.1**	**5.2**	**0.4**	**5.8**
Residence						
Bucharest	59.5	11.7	13.3	5.9	0.8	9.1
Other urban	44.1	29.2	17.8	5.4	0.3	3.1
Rural	23.5	42.3	21.3	4.9	0.3	7.9
Region						
Bucharest	59.5	11.7	13.3	5.9	0.8	9.1
Vallachia	33.2	37.6	15.5	5.5	0.4	7.8
Transylvania	37.6	31.6	22.0	4.8	0.3	3.7
Moldavia	28.8	38.8	22.7	5.1	0.3	4.4
Education						
Primary	25.8	35.4	25.2	2.8	0.7	10.1
Secondary Incomplete	30.9	38.0	17.8	6.2	0.4	6.5
Secondary Complete	43.0	30.1	18.0	6.0	0.0	2.9
College&University	58.0	26.3	8.6	4.8	0.5	1.8
No. of Living Children						
0	31.9	41.4	15.7	6.4	0.0	4.8
1	35.3	37.3	18.2	3.5	0.5	5.3
2 or more	34.6	25.0	26.8	5.6	0.4	7.7
Socio-Economic Status						
Low	41.5	23.8	22.0	5.0	0.2	7.6
Medium	30.1	40.2	18.8	6.0	0.6	4.3
High	21.2	58.8	10.8	3.6	0.3	5.3

* Last pregnancy resulted in a live birth

FIGURE 9.1.3

Providers Of Most Antenatal Care For The Last Live Birth Since January 1988 By Selected Characteristics Of Mothers

RESIDENCE
- Bucharest
- Other Urban
- Rural

REGION
- Bucharest
- Vallahia
- Transylvania
- Moldavia

EDUCATION
- Primary
- Some Secondary
- Complete Secondary
- College

0   20   40   60   80   100

Legend:
- Ob/Gyn
- General Practitioner
- Midwife
- Both Doctor and Midwife

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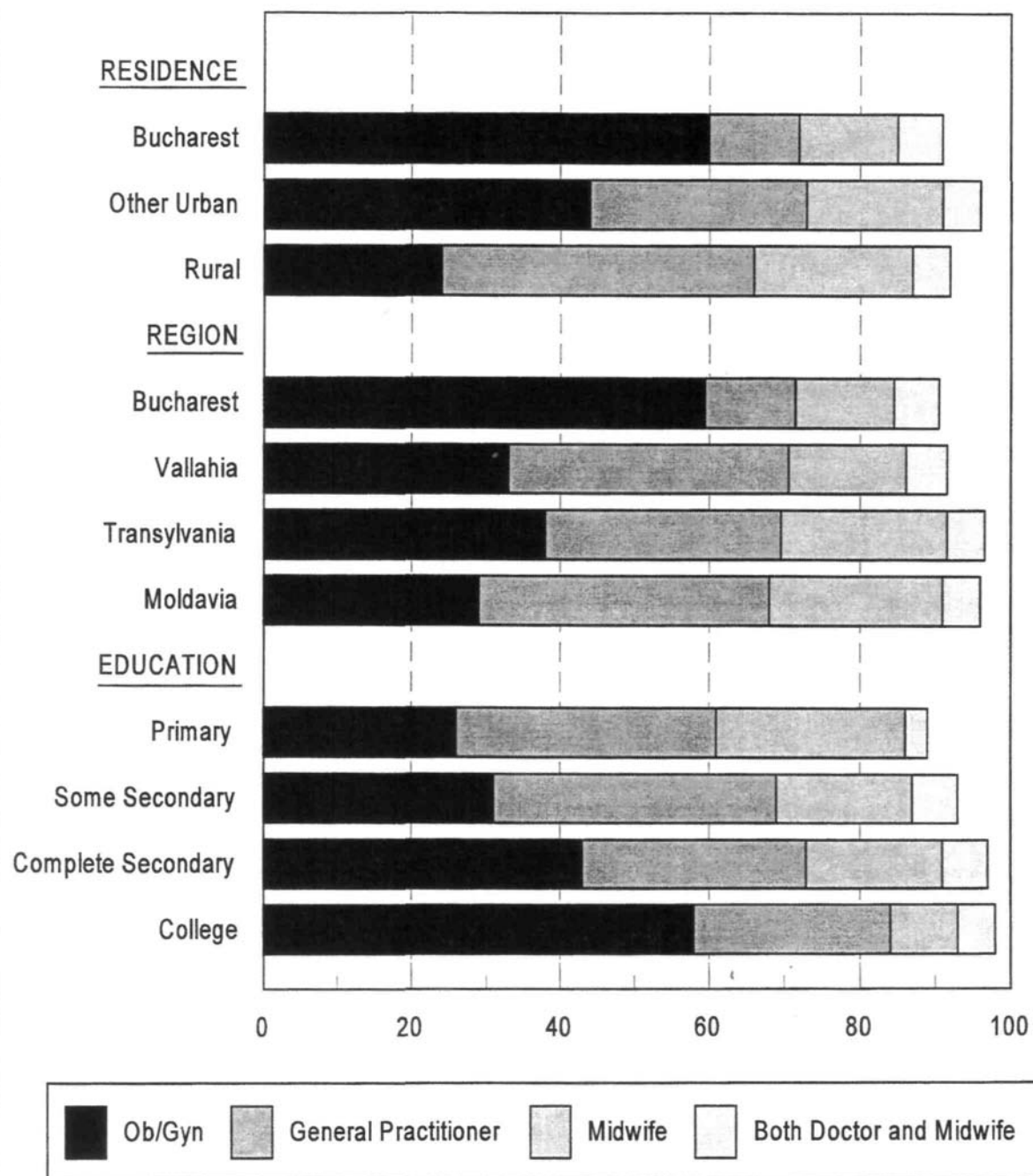
In addition, prenatal care records are kept in dispensaries and polyclinics, Ministry of Health regulations concerning prenatal care require that pregnant women should carry a specific medical document (prenatal book) which is filled in by the health care personnel who observe the pregnancy. This book should include initial familial and medical history (including pregnancy history), first physical examination, laboratory tests and risk assessment, subsequent prenatal visits and counseling, common complaints, medication and brief description of eventual hospitalizations. This document is often the only source of information for health care professionals in maternities (where the majority of deliveries take place) when they admit women for delivery. However, providers of most prenatal care visits, located in dispensaries and polyclinics, do not routinely send medical information about their patients to the maternity wards, nor do they provide follow-up visits in maternities.

Overall, only 34.4% of mothers stated that they carried prenatal books when they were pregnant with their last child. There is a significant difference between women residing in Bucharest, who are much more likely to carry prenatal books (69%) then women in other urban areas and rural areas (37% and 26%, respectively). Also, the likelihood of having the prenatal book is directly correlated with educational attainment and socioeconomic status. Half of well educated women had their pregnancy documentation compared with only 28% of women with low educational attainment.

Additional questions were asked to assess the educational counseling offered to pregnant women and their overall level of satisfaction during prenatal care visits. Table 9.1.5 summarizes the main topics covered by health care providers during prenatal care visits.

Only 60-61 % of mothers with a live birth in the last five years who sought prenatal care received information about nutrition, the adverse effects of smoking and alcohol abuse, and about the program of rest and physical activity during pregnancy. Little more than a half talked with a health care provider about the physiologic changes during pregnancy, breast-feeding and delivery.

The level of satisfaction with the quality of care provided during the last pregnancy was relatively high: 66% of mothers were satisfied with the information they have received during prenatal visits and 91% acknowledged they were well treated by the health care providers.

TABLE 9.1.5
Specific Topic Addressed During Prenatal Care By Selected Characteristics Of Mothers*
Women Aged 15-44 With A Live Birth Since January 1988
Reproductive Health Survey, ROMANIA 1993

Characteristics	Specific Topics Addressed During Prenatal Care Visits						
	Nutrition	Smoking	Alcohol Abuse	Rest and Exercise	Body Changes	Breast-feeding	Delivery
Total	**60.9**	**60.8**	**60.7**	**60.4**	**50.8**	**55.6**	**54.4**
Residence							
Bucharest	62.1	58.7	58.7	61.4	53.4	59.1	56.4
Other urban	60.1	62.5	62.1	60.6	49.6	53.7	53.1
Rural	61.4	59.5	59.7	60.0	51.4	56.9	55.1
Region							
Bucharest	62.1	58.7	58.7	61.4	53.4	59.1	56.4
Vallachia	54.2	55.1	54.9	52.3	43.8	48.5	45.3
Transylvania	61.9	62.0	61.8	64.3	54.5	60.3	59.6
Moldavia	69.4	68.5	68.8	67.3	55.6	59.2	60.6
Education							
Primary	55.0	55.4	54.8	54.2	44.4	51.6	49.6
Secondary Incomplete	56.7	59.1	59.3	55.7	47.6	54.2	52.5
Secondary Complete	65.9	64.6	65.1	67.2	55.0	58.1	57.5
College& University	75.9	68.2	65.8	69.1	66.2	64.1	63.6
Socio-Economic Index							
Low	59.0	58.3	58.5	57.2	48.6	54.9	52.2
Medium	60.7	62.3	62.0	61.3	50.2	54.7	54.7
High	66.9	63.1	62.8	66.7	58.9	60.7	59.9

* Last pregnancy resulting in a live birth

9.2 Maternal Morbidity During Pregnancy

More than 70% of mothers with a live birth since January 1988 did not experience any important health problems during their last pregnancy. Adverse health problems during pregnancy were considered as important if the woman was confined to bed rest for at least one week or if they had to be hospitalized. Almost 20% of women who reported a viable pregnancy had at least one important prenatal problem which required hospitalization and other 10% had to spend at least one week in bed for a prenatal problem. The median duration of hospitalization was 14 days.

Questions were asked to explore what specific adverse health outcomes were experienced by women who had to be hospitalized. Most pregnant women who had been hospitalized during their

last pregnancy resulting in a live birth reported that they spent several days in a hospital for threatened abortion (47%) or swelling of the face or extremities (40%). About one-third said that the main reason was persistent vomiting (33%) or uterine cramping (33%). Other relatively common reasons for hospitalization were urinary infection (22%), vaginal bleeding (11%) and elevated blood pressure (11%).

9.3 Smoking During Pregnancy

There is considerable evidence that women who smoke during pregnancy have smaller infants (200g lighter, on average) than women who do not smoke. In addition, they have an increased risk of poor maternal and perinatal outcomes (premature labor, placental abruption, pregnancy bleeding, premature rupture of the membranes).

TABLE 9.3.1
Smoking Behavior During the Last Pregnancy Resulted in A Live Birth By Selected Characteristics Of Mothers
Women Aged 15-44 With A Live Birth Since January 1988
Reproductive Health Survey, ROMANIA 1993

| Characteristics | Smoking During Pregnancy | | | | |
	Continued Smoking	Quit Smoking	Did not Smoke Before and During Pregnancy	Total	Unweighted No.of Cases
T o t a l	**12.2**	**8.5**	**79.3**	**100.0**	**(1440)**
Residence					
Bucharest	14.8	13.6	71.6	100.0	(253)
Urban	14.8	12.4	72.8	100.0	(562)
Rural	9.3	3.7	87.0	100.0	(625)
Region					
Bucharest	14.8	13.6	71,6	100.0	(253)
Vallachia	9.3	8.4	82.3	100.0	(480)
Transylvania	16.7	9.2	74.1	100.0	(403)
Moldavia	10.1	5.6	84.2	100.0	(304)
Age Group					
15-24	13.1	8.3	78.6	100.0	(468)
25-29	11.2	8.4	82.3	100.0	(510)
30-34	13.5	10.6	75.9	100.0	(287)
35-44	10.8	5.6	83.6	100.0	(175)
Education Level					
Primary	18.7	6.1	75.2	100.0	(329)
Secondary Incomplete	11.3	6.8	81.9	100.0	(472)
Secondary Complete or More	9.1	11.1	79.7	100.0	(639)
Socio-economic Status					
Low	12.2	3.8	84.0	100.0	(589)
Medium	11.0	12.3	76.7	100.0	(612)
High	16.4	10.3	73.2	100.0	(239)

Overall, 21 % of women were smoking at the time they found out they were pregnant. Of these, 60% continue to smoke throughout the entire duration of pregnancy ([Table 9.3.1](#)). The percentage of women who were smoking at the beginning of their last pregnancy was higher in Bucharest (28%) and other urban areas (27%), in Transylvania (26%), among women with low educational attainment (25%) and among those with high socioeconomic status (27%). However, urban women who were smoking at the beginning of pregnancy were much more likely to stop smoking during pregnancy than their rural counterparts (47% versus 25%). Also, women in Bucharest and Vallachia, women 25-34 years of age, and women with at least 9 years of formal education, were more likely to quit smoking. Women with low socioeconomic status were less likely to quit smoking (24%) compared to women with medium and high status (53% and 39%, respectively).

TABLE 9.3.2

Percent Distribution of Women Aged 15-44 With a Live Birth Since January 1988 Who Continue to Smoke
During the Last Pregnancy Resulted in Live Birth
By Average Number of Cigarettes Smoked Daily, By Selected Characteristics
Reproductive Health Survey, ROMANIA 1993

| | Number of Cigarettes per Day | | | | Unweighted |
	5 or Less	6-10	>10	Total	No. Of Cases
Total	46.2	31.8	22.0	100.0	(173)
Residence					
Bucharest	35.9	33.3	30.7	100.0	(36)
Urban	49.4	32.2	18.4	100.0	(80)
Rural	44.6	30.7	24.6	100.0	(57)
Region					
Bucharest	35.9	33.3	30.7	100.0	(36)
Vallachia	38.8	43.8	17.4	100.0	(45)
Transilvania	49.6	25.8	24.5	100.0	(65)
Moldavia	54.9	27.1	18.0	100.0	(27)
Age Group					
15-24	64.2	23.5	12.3	100.0	(59)
25-29	33.4	33.9	33.8	100.0	(56)
30-34	50.1	28.0	21.9	100.0	(38)
35-44	13.5	64.8	21.8	100.0	(20)
Education Level					
Primary	47.0	26.1	26.9	100.0	(60)
Secondary Incomplete	37.2	41.0	21.8	100.0	(54)
Secondary Complete or More	54.1	29.5	16.4	100.0	(59)
Socio-economic Status					
Low	50.7	24.9	24.4	100.0	(588)
Medium	42.8	39.4	17.8	100.0	(611)
High	43.0	32.0	25.0	100.0	(239)

Table 9.3.2 shows that most women who did not quit smoking during pregnancy declared that they smoked, on average, less than 10 cigarettes per day (78%). Women who have smoked more than 10 cigarettes daily during their last pregnancy are more likely to reside in Bucharest (31%), to be 25-29 years of age (34%), and/or to have low educational attainment.

Of women who gave up smoking during the last pregnancy that resulted in a live birth, most of them did so during the first trimester (Table 9.3.3). In Bucharest, 92% of smokers quit smoking during the first trimester. Women who continued to smoke in the second and third trimester of pregnancy but eventually quit, tend to be older and with lower levels of education.

TABLE 9.3.3
Percent Distribution Of Women Aged 15-44 Who Quit Smoking During Pregnancy*
And Stage Of Pregnancy At The Time They Quit Smoking
By Age and Education Level
Reproductive Health Survey, ROMANIA 1993

| | Stage of Pregnancy | | | | |
	First Trimester	Second Trimester	Third Trimester	Total	Unweighted No. of Cases
Total	**78.8**	**14.3**	**6.9**	**100.0**	**(127)**
Residence					
Bucharest	91.7	8.3	0.0	100.0	(36)
Urban	76.7	16.4	6.9	100.0	(69)
Rural	76.0	12.0	12.0	100.0	(22)
Age Group					
15-24	79.3	10.2	10.5	100.0	(41)
25-29	87.4	7.6	5.0	100.0	(45)
30-34	76.7	19.7	3.7	100.0	(30)
35-44	46.6	43.4	10.0	100.0	(11)
Education Level					
Primary&Secondary	71.9	18.5	9.6	100.0	(54)
Secondary Complete or More	84.2	11.0	4.8	100.0	(73)

* Pregnancies resulting in live births

More than half of those who quit smoking mentioned that the most important reason for stopping was their concern for their baby's health (Table 9.3.4). Another third were unable to continue smoking because of nausea and vomiting. Very few were concerned that smoking in harmful for their health (5%).

Less than one percent said that the main reason for stopping smoking was their doctor's recommendation. Indirect evidence that medical advice does not play an important role in a woman's decision to stop smoking during pregnancy is reflected by the content of prenatal care visits. Only 65% of women who had at least one prenatal care visit received counseling on the risks of smoking during pregnancy and of those only one third quit smoking.

TABLE 9.3.4
Percent Distribution Of Specific Reasons For Quitting Smoking During Pregnancy
Women Aged 15-44 With A Live Birth Since January 1988
Reproductive Health Survey, ROMANIA 1993

Specific Reasons	Percent of Women Giving That Reason
Smoking is dangerous for the baby	56.7
Nausea, vomiting	33.9
Smoking is dangerous for pregnant women	4.7
Friends' advice	1.6
Change of cigarettes taste	1.6
Doctors' advice	0.8
Other	0.8
Total	100.0
Unweighted Number of Cases	(127)

9.4 Employment and Pregnancy

The work regime during pregnancy can affect pregnancy outcome. As a component of its firm pronatalist policy, Romania, had for a long time promoted better work conditions for pregnant women, allowed generous maternity leave (16 weeks with 85% of salary), partial paid leave for child care and further unpaid leave with re-employment rights (Decree no.880/ August 1965). In addition, the state promoted family allowances for households with more than three dependent children, monthly child support and lump payments for each child born alive, priority housing and exemption from the compulsory tax for childless couples (discontinued after December 1989). After December 1989, optional post-maternity leave covering the first year of the child's life was introduced with payments of 65% of salary (Decree no. 31/1990) which were increased to 85% in 1992.

More then half of all women with a live birth since 1988 declared they were in the work force at the time they became pregnant with their last child. Only 24% considered that their occupation required intense physical activity. These women were mostly urban residents, have medium level of educational attainment (secondary school) and are over 25 years of age.

Employed women can ask for reduced number of work hours per day or for part time jobs during pregnancy. Most of working mothers (80%) did not ask for such benefits during their last pregnancy; 16% had fewer number of working hours per day (at their request or at the employer initiative), and only 4% asked for a reduction in work hours but were refused. Three fourths of working mothers were engaged only in day time activities, 5% asked to be switched from a night shift schedule to a day shift schedule, and 18% continued to work during the evening.

Maternal leave can be requested starting with the 28th week of pregnancy. Only 17% asked for maternity leave prior to the 30th week of pregnancy; most working mothers asked for maternity leave in me third trimester (51 %) or even after me child was born (24%). About 8% did not take maternity leave. After December 1989, with the recent expansion of private sector employment and the lack of regulations regarding health benefits for its employees, more working women find it difficult to ask for temporary work reduction and extended maternity leaves.

CHAPTER X

HEALTH BEHAVIORS

10.1 Cigarette Smoking

Smoking poses some unique health issues for women compared with men. In addition to a higher risk of lung cancer, cancer of the larynx, bladder and pancreas as well as an increased risk of heart disease, stroke, emphysema and bronchitis, women who smoke have increased risk of cervical cancer, osteoporosis, early menopause and adverse pregnancy outcomes (low birth weight, infant death). Moreover, maternal smoking has been linked to respiratory problems among young children, who, as a consequence of passive smoking in their earliest years of life, have an increased risk of respiratory infections and asthma (U.S. DHHS, 1990).

According to data from the RRHS (see Table 10.1), more than one in five Romanian women aged 15 to 44 years (22%) is a smoker. An additional 7% have smoked but declared they have quit.

Urban residents, including Bucharest, are much more likely (p<0.01) to currently smoke (29%) than rural residents (12%). If we add the women who ever smoked, 37% of women in urban areas have smoking experience compared with only 17% in rural areas. Women residing in Bucharest and Transylvania are more likely to be current smokers than residents of other regions of the country. Moldavia has the lowest proportion of women who have ever smoked (15% current smokers and 7% women who had quit smoking).

Marital status is also a strong correlate of smoking behavior. Women currently in union are twice as likely to smoke as never married women (25% vs. 13%). However, previously married women have the highest smoking prevalence (41 %). The lower prevalence among unmarried women may be primarily a result of the low prevalence of smoking among women aged 15 to 19 years.

The proportion of women who currently smoke increases with age, reaching a peak for women aged 25-34 years and gradually decreasing in older women. The proportion who have ever smoked is also highest for women aged 25-34 years (38%), followed by women aged 20-24 years (32%) and 35-39 years (31%). The direct correlation between education and smoking is very disturbing. Better educated women are more likely to be current smokers or to have been smokers compared with less educated groups. Women with postgraduate education have the highest prevalence of smoking (32% are current smokers and 10% are past smokers). A similar correlation is observed between socioeconomic status and smoking. Women with medium or high socioeconomic status are much more likely to be current or past smokers than women with low status.

TABLE 10.1.1
Current Smoking Behavior for Women Aged 15-44 By Selected Characteristics
Reproductive Health Survey: ROMANIA, 1993
(Percent Distribution)

| | Current Smoking Behavior | | | | | |
Characteristics	Currently Smoking	Quit Smoking	Never Smoked	Unknown	Total	Unweighted No.of Cases
Total	**22.2**	**7.0**	**70.7**	**0.1**	**100.0**	**(4,859*)**
Residence						
Urban	28.6	8.1	63.2	0.1	100.0	(3,191)
Rural	11.6	5.0	83.3	0.1	100.0	(1,668)
Region						
Bucharest	31.7	9.9	58.4	0.0	100.0	(1,081)
Vallachia	18.6	5.2	76.2	0.0	100.0	(1,531)
Transylvania	27.5	8.0	64.3	0.2	100.0	(1,383)
Moldavia	15.0	6.7	78.1	0.2	100.0	(864)
Age Group						
15-19	8.2	4.8	86.7	0.4	100.0	(745)
20-24	23.6	9.0	67.3	0.1	100.0	(896)
25-29	29.4	9.2	61.4	0.0	100.0	(834)
30-34	31.9	7.0	61.1	0.0	100.0	(798)
35-39	26.0	5.7	68.1	0.1	100.0	(890)
40-44	19.7	6.8	73.5	0.0	100.0	(696)
Marital Status						
Married&Consensual Union	24.5	7.6	67.9	0.0	100.0	(3,541)
Previously Married	41.0	7.9	51.1	0.0	100.0	(277)
Never Married	12.9	5.3	81.7	0.1	100.0	(1,040)
Education						
Primary	18.5	4.6	76.9	0.0	100.0	(1,151)
Secondary Incomplete	19.5	4.9	75.5	0.1	100.0	(1,452)
Secondary Complete	24.7	9.8	65.3	0.2	100.0	(1,604)
Post Secondary & University	31.5	10.1	58.2	0.2	100.0	(652)
No. Living Children						
0	17.5	6.6	75.8	0.1	100.0	(1,532)
1	29.1	8.7	61.9	0.3	100.0	(1,205)
2	24.0	7.6	68.4	0.0	100.0	(1,388)
3+	20.5	4.3	75.2	0.0	100.0	(735)
Employment						
Employed	26.9	8.5	64.5	0.1	100.0	(2,571)
Unemployed	17.8	5.6	76.5	0.1	100.0	(2,288)
Socio-Economic Index						
Low	15.4	5.0	79.6	0.0	100.0	(1,608)
Medium	25.6	7.7	66.7	0.0	100.0	(2,624)
High	27.0	9.7	62.9	0.3	100.0	(627)

*/ Excludes two women with missing data

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TABLE 10.1.2
Number of Cigarettes Smoked per Day By Selected Characteristics
Currently Smoking Women Aged 15-44
Reproductive Health Survey: ROMANIA, 1993
(Percent Distribution)

Characteristics	Number of Cigarettes				Total	Unweighted No.of Cases
	5 or Less	6-10	11-19	20 or More		
Total	**33.1**	**38.7**	**10.5**	**17.7**	**100.0**	**(1,178*)**
Residence						
Urban	33.2	38.6	10.3	17.9	100.0	(978)
Rural	32.5	38.8	11.7	17.1	100.0	(200)
Region						
Bucharest	31.3	35.0	14.5	19.2	100.0	(354)
Vallachia	33.0	39.5	9.3	18.3	100.0	(299)
Transylvania	32.2	39.8	9.8	18.2	100.0	(393)
Moldavia	38.2	38.0	10.6	13.3	100.0	(132)
Age Group						
15-19	55.8	32.2	5.5	6.5	100.0	(70)
20-24	38.6	43.3	3.7	14.4	100.0	(213)
25-29	30.8	42.1	11.5	15.6	100.0	(243)
30-34	29.1	37.9	15.7	17.3	100.0	(253)
35-39	28.6	34.2	12.9	24.4	100.0	(252)
40-44	28.0	38.5	10.8	22.8	100.0	(147)
Marital Status						
Married&Consensual Union	31.7	38.5	10.9	18.9	100.0	(898)
Previously Married	24.8	38.4	19.2	17.6	100.0	(118)
Never Married	44.5	39.4	3.7	12.4	100.0	(162)
Education						
Primary	30.3	30.4	13.3	26.1	100.0	(266)
Secondary Incomplete	33.0	39.6	9.5	17.9	100.0	(311)
Secondary Complete	36.3	42.2	9.5	11.9	100.0	(426)
Post Secondary & University	30.1	40.5	10.8	18.6	100.0	(215)
No. Living Children						
0	39.4	38.1	7.2	15.3	100.0	(327)
1	33.2	38.5	10.8	17.5	100.0	(356)
2	28.7	42.6	13.2	15.5	100.0	(340)
3+	29.4	32.1	11.3	27.3	100.0	(155)
Employment						
Employed	31.0	41.7	11.1	16.2	100.0	(739)
Unemployed	36.0	34.4	9.8	19.8	100.0	(439)
Socio-Economic Index						
Low	32.6	35.3	12.0	20.1	100.0	(262)
Medium	33.2	38.9	10.3	17.6	100.0	(733)
High	33.7	43.4	9.0	13.9	100.0	(183)

*/ Excludes two women with missing data

shows that 72% of women who currently smoke said that they smoke, on average, less than 11 cigarettes per day. However, almost one in five smokers is a heavy smoker (more than one pack of cigarettes per day). Heavy smokers are more likely to be older than 35 years, to have been married, to have completed eight years or less of formal education, and to have low socioeconomic status.

10.2 Cervical cancer screening

Screening for cervical cancer with the Pap smear test has been shown to reduce mortality due to invasive cervical cancer in women of all ages. Recommendations for screening frequency may vary from country to country, but most experts suggest that all women should undertake continuous screening either every year or every three years.

In Romania, Pap smears are supposed to be routinely performed during a gynecological examination. One of the previous regime's abuses, which obsessively pursued a dream of high fertility for Romania, consisted of requiring employed women of reproductive age to undergo compulsory monthly gynecological exams in an attempt to monitor pregnancy events. In addition to pregnancy tests, Pap tests were also supposed to be performed. However, anecdotal evidence suggests that cervical cancer screening is less frequently performed now that the requirement for routine gynecological exams is not longer enforced.

The RRHS included questions regarding Pap testing history attempting to assess how thorough cervical cancer screening has been accomplished. Although the validity of self-reported rates of Pap testing cannot be fully established without examining medical records, the survey data may serve as proxy estimates of the true extent of cervical screening in the absence of official data.

According to the survey data (see) the results contradict the taking of routine Pap smears during the era of compulsory gynecological exams; only a little more than one out of four women of reproductive age who reported having had sexual relations said they have ever had a Pap test (27%) while almost 4% said they don't know. Even if we concentrate only on employed women, only 36% had ever received screening for cervical cancer. The vast majority of unemployed women have never been screened (79%) or are unaware if they have ever had a Pap test (4%). There is a great disparity in screening distribution by residence, age, marital status and education with Bucharest residents, older women (35-44 years), women with marital experience and highly educated women more likely to have had a Pap smear. Childless women are less likely to have ever had screening due, in part, to the fact that the Pap test is mandatory during antenatal care. However, women with four or more children are also less likely to have been screened, but most of them are rural residents whose access to Pap screening is very low. Socioeconomic status is positively correlated with the likelihood to undertake a pap exam; women with medium or high socioeconomic status are two and three times, respectively, more likely to have had a cervical cancer screening test than women with low socioeconomic status.

Table 10.2.1
Cervical Cancer Screening History for Women Aged 15-44 With Sexual Experience
By Selected Characteristics
Reproductive Health Survey: ROMANIA, 1993
(Percent Distribution)

| Characteristics | Cervical Cancer Screening Test | | | | Unweighted No.of Cases |
	Ever Had	Never Had	Don't Know	Total	
Total	**27.3**	**69.1**	**3.6**	**100.0**	**(3,975)**
Residence					
Bucharest	47.3	49.9	2.8	100.0	(902)
Other Urban	32.0	64.4	3.6	100.0	(1,732)
Rural	15.7	80.5	3.8	100.0	(1,341)
Age Groups					
15-19	4.1	92.0	3.9	100.0	(146)
20-24	10.0	86.8	3.2	100.0	(671)
25-29	24.1	71.9	4.0	100.0	(800)
30-34	30.0	66.1	3.9	100.0	(793)
35-39	36.7	59.0	4.3	100.0	(878)
40-44	39.8	57.8	2.4	100.0	(687)
Marital Status					
Married/In union	28.9	67.6	3.5	100.0	(3531)
Previously Married	25.9	68.8	5.3	100.0	(277)
Never Married	11.2	86.9	1.9	100.0	(167)
Education Level					
Primary incomplete	19.5	75.9	4.6	100.0	(240)
Primary complete	22.8	72.0	5.2	100.0	(782)
Secondary incomplete	25.8	70.3	3.9	100.0	(1,065)
Secondary complete	27.4	69.5	3.1	100.0	(1,346)
Postsecondary & Univ.	47.9	51.5	0.6	100.0	(542)
Number of Living Children					
0	19.5	76.9	3.6	100.0	(655)
1	28.1	68.6	3.3	100.0	(1,204)
2	34.0	62.6	3.4	100.0	(1,386)
3	24.3	71.5	4.2	100.0	(427)
4 or more	21.3	74.2	4.5	100.0	(303)
Employment					
Employed	36.0	61.0	3.0	100.0	(2,375)
Unemployed	16.9	78.7	4.4	100.0	(1,600)
Socioeconomic Status					
Low	14.3	81.6	4.1	100.0	(1294)
Medium	32.9	63.6	3.5	100.0	(2187)
High	44.9	52.9	2.2	100.0	(494)

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TABLE 10.2.2
Frequency and Year of the Last Cervical Cancer Screening Test
for Women Aged 15-44 Who Ever Had a Test
By Residence
Reproductive Health Survey: ROMANIA 1993

Cervical Cancer Screening Test	Total	Residence		
		Bucharest	Other Urban	Rural
Frequency				
Every year	30.5	29.4	32.2	26.9
Every 1-2 years	15.3	17.7	15.6	12.4
Every 3-5 years	17.8	16.7	18.4	16.9
More than 5 years	18.2	23.5	17.5	14.9
Only Once	9.2	7.3	8.9	12.0
Do Not Know	9.0	5.4	7.4	16.9
Total	100.0	100.0	100.0	100.0
Year of the Last Screening Test				
During the last year	21.2	20.7	20.0	24.9
1-2 years ago	15.8	16.8	16.2	13.6
2-3 years ago	9.6	11.5	9.6	7.9
More than 3 years ago	53.0	50.4	53.8	53.7
Total	100.0	100.0	100.0	100.0
Unweighted No. of Cases	(1,196)	(424)	(557)	(215)

Table 10.2.2 illustrates the frequency of screening for cervical cancer and the length of time since the last test performed for women who report ever having a Pap smear. According to these figures, only 45% of women with history of Pap testing have undergone screening on an annual (30%) or biannual (15%) basis. Rural residents are less likely to have adequate screening, with only 39% having had a Pap test every 1-2 years compared with almost 50% of residents of Bucharest and other urban areas. Overall, less than a half of respondents have undergone a cervical cancer screening test in the last three years, with little variation by the place of residence.

10.3 Gynecologic Exams

The low prevalence of cervical cancer screening may be partly explained by a general reluctance to undertake prophylactic gynecologic exams as can be seen in Table 10.3.1. Overall, only 35 % of sexually experienced women had gynecologic exams frequent enough (within 3 years) to insure an effective cervical cancer screening program, whereas 44% of women report that they have never been routinely examined. Slighter greater than one third (36%) of employed women report never having had a gynecologic exam.

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TABLE 10.3.1
Frequency of Routine Gynecologic Exams for Sexual Experienced Women Aged 15-44
By Selected Characteristics
Reproductive Health Survey: ROMANIA 1993

Characteristics	Every year	Every other year	Every 3-5 years	Every 6 or more years	Never	Only Once	Total	Unweighted No.of Cases
Total	**26.5**	**8.8**	**6.7**	**7.6**	**44.0**	**6.4**	**100.0**	**(3,975)**
Residence								
Bucharest	33.5	13.1	8.1	9.2	29.4	6.7	100.0	(902)
Urban	31.5	9.2	7.2	7.6	38.7	5.8	100.0	(1,732)
Rural	17.4	6.9	5.4	6.9	56.2	7.2	100.0	(1,341)
Age Groups								
15-24	19.3	5.2	1.2	0.5	63.5	10.3	100.0	(817)
25-29	29.8	7.8	4.3	3.3	47.5	7.2	100.0	(800)
30-34	28.6	11.5	8.1	6.7	40.7	4.3	100.0	(793)
35-39	28.7	7.8	10.1	13.1	35.4	4.8	100.0	(878)
40-44	26.7	12.1	9.7	13.7	32.5	5.2	100.0	(687)
Marital Status								
Married/In union	27.0	9.2	6.8	7.5	43.3	6.2	100.0	(3,531)
Previously Married	24.2	6.6	7.8	10.8	44.1	6.5	100.0	(277)
Never Married	20.4	3.8	2.8	3.5	58.2	11.3	100.0	(167)
Education Level								
Primary	20.2	7.6	6.2	10.3	50.2	5.6	100.0	(782)
Some Secondary	27.1	7.8	6.1	5.4	48.1	5.6	100.0	1,065)
Secondary Complete	29.7	9.4	6.3	6.3	40.8	7.4	100.0	(1,346)
PostSecondary & Univ.	32.3	12.3	10.1	9.0	28.6	7.6	100.0	(542)
No.of Living Children								
0	27.5	6.7	3.9	3.3	47.1	11.4	100.0	(655)
1	28.4	8.0	6.2	6.4	44.7	6.4	100.0	(1,204)
2	27.6	10.8	8.0	10.0	38.1	5.6	100.0	(1,386)
3	24.3	7.7	8.8	8.0	48.8	2.5	100.0	(427)
4+	17.8	8.6	5.3	5.3	53.9	6.0	100.0	(303)
Employment								
Employed	31.4	10.2	8.6	8.2	35.9	5.7	100.0	(2,375)
Unemployed	20. 0	6.9	4.1	6.7	54.9	7.4	100.0	(1,600)
Socioeconomic Status								
Low	17.4	7.0	4.6	5.8	58.1	7.1	100.0	(1,294)
Medium	29.7	9.5	7.9	8.9	38.0	6.2	100.0	(2,187)
High	39.2	11.3	7.3	6.5	30.7	5.3	100.0	(494)

The percentage of women who comply with periodic gynecologic exams (every year or every other year) is higher in Bucharest and other urban areas, it increases with age (reaching a maximum of 40% among women aged 30-34 and slightly decreasing for older women), and it is positively correlated with educational attainment (44% for women with Postsecondary education) and socioeconomic status (51% among those with the highest level). It is also higher among women with marital experience and those with one or two living children.

Again, women with higher parity are less likely to have been examined, presumably because they are concentrated in rural areas and their physical access to specialists is more difficult. Employed women are also much more likely to have had gynecological exams every year or every other year (42%) than unemployed women (27%).

Frequency of gynecological exams is much higher among women using modern methods of contraception (data not shown); almost half of current users of modern methods (49%) undertake annual or bi-annual exams compared to natural method users (33%) or nonusers (33%). It is also directly correlated with the age at first intercourse, presumably because age at first intercourse is highly correlated with educational level; women who said they became sexually active at 17 years of age or younger are less likely (30%) to have periodic exams than women who became sexually active when they were aged 18-19 (33%) or than women who postponed first intercourse till age 20 or more (39%).

Table 10.3.2 shows the most important reason for which sexually experienced women have not had annual gynecologic exams. More than a half of sexually experienced women who did not have annual check-ups (60%) mentioned as the most important reason the lack of gynecologic or other health complaints; one in four women acknowledged the need of annual exams but claimed time constraints (17% said they had planned to go but did not and 9% declared they could not find time to go); 6% did not believe it is necessary to have annual gynecologic exams; 5% disliked gynecological exams; and 4% claimed other reasons, many related to administrative accessibility and satisfaction with the quality of care. The absence of health complaints was claimed as the most important reason by women in rural areas, young adults, never married women, women with lower educational attainment and those with lower socioeconomic status. Time constraints were more often mentioned by residents of Bucharest (33%), women aged 30-39 (29-31%), women with four or more children (30%) and those with high socioeconomic status.

10.4 Self Breast-examination

Among the reproductive health cancers, breast and cervical cancer are the only neoplasms that have been proven to be amenable to secondary prevention. Methods for early detection mat have already been established as valuable means in the reduction of breast cancer mortality include breast self-examination (BSE), physical examination of the breast by physicians and mammography (Last et al., 1986). Even if these methods are complementary screening modalities, in populations where mammography is not readily available or is too expensive and

TABLE 10.3.2
Percent Distribution of Specific Reasons For Not Seeking An Annual Gynecologic Exam
Sexual Experienced Women Aged 15-44
By Selected Characteristics
Reproductive Health Survey: ROMANIA 1993

Characteristics	No Health Complaints	Forgot/ Negligence	Lack of Time	Not Needed So Often	Exams Are Unpleasant	Other	Total	Unweighted No.of Cases
Total	**59.6**	**16.6**	**8.6**	**5.7**	**5.1**	**4.3**	**100.0**	**(2,892)**
Residence								
Bucharest	48.1	19.8	13.4	5.4	7.6	5.7	100.0	(601)
Urban	31.5	9.2	7.2	7.6	38.7	5.8	100.0	(1,186)
Rural	65.7	13.2	8.5	4.3	3.8	4.5	100.0	(1,105)
Age Groups								
15-24	66.3	10.7	6.3	6.3	4.5	5.9	100.0	(648)
25-29	62.4	15.6	7.6	5.2	5.2	4.0	100.0	(566)
30-34	54.2	19.5	11.1	6.3	5.4	4.5	100.0	(563)
35-39	55.3	19.8	9.3	4.8	7.1	3.7	100.0	(612)
40-44	58.9	18.7	9.4	5.8	3.2	4.0	100.0	(503)
Marital Status								
Married/In union	59.0	17.5	8.9	5.4	5.1	4.1	100.0	(2,562)
Previously Married	62.2	11.5	9.8	7.4	4.4	4.7	100.0	(203)
Never Married	67.2	9.6	2.3	9.1	6.5	5.3	100.0	(127)
Education Level								
Primary	63.5	15.1	8.9	5.0	3.3	4.2	100.0	(825)
Some Secondary	57.1	17.5	10.7	5.6	4.6	4.5	100.0	(778)
Secondary Complete	60.8	15.5	7.3	6.6	6.0	3.8	100.0	(929)
PostSec&University	51.2	22.3	6.8	5.3	8.8	5.4	100.0	(360)
No.of Living Children								
0	60.2	14.8	3.4	8.9	5.2	7.5	100.0	(453)
1	61.1	17.0	7.9	4.9	5.3	3.8	100.0	(854)
2	57.7	19.1	8.1	5.5	5.9	3.7	100.0	(1,008)
3	62.7	12.7	12.2	4.3	3.6	4.5	100.0	(328)
4+	58.2	13.9	16.5	5.4	3.2	2.8	100.0	(249)
Employment								
Employed	57.3	17.7	10.3	5.8	5.5	3.4	100.0	(1,610)
Unemployed	62.3	15.4	6.7	5.6	4.6	5.4	100.0	(1,282)
Socioeconomic Status								
Low	63.1	14.1	8.8	5.5	3.5	5.0	100.0	(1,072)
Medium	58.1	17.8	8.2	5.9	6.1	3.9	100.0	(1,525)
High	53.6	21.2	10.4	5.7	5.7	3.4	100.0	(295)

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thus not suitable as a screening technique, BSE and clinical examination can reduce breast cancer mortality if they are competently performed. BSE is a very simple self care technique which can detect early modifications of the breast and can be performed by women in the privacy of their home after minimal instruction. Appropriate diagnosis and follow up should be accessible in case of breast modifications detected through self examination.

The questions asked in the RRHS explore only the level of knowledge and prevalence of BSE without any indication of proficiency in BSE performance. Table 10.4.1 shows the level of knowledge regarding BSE among reproductive age women by selected characteristics. Overall, less than a half of Romanian women have ever heard about this technique and less than one in four have ever performed BSE (See also Table 10.4.2).

There is a wide gap between urban and rural women's level of knowledge about BSE. The proportion of women who have ever heard about this screening method is almost double among residents of Bucharest (62%) or other urban areas (50%) than among rural residents (29%). The level of knowledge of BSE increases with the age of women, from 23 % among the youngest women to over 50% among women aged 30 or older. It is direct correlated with the educational level; whereas only 15.6% of women with primary incomplete and 27.3% with primary complete school said they have heard about BSE, 77% women with post secondary education have heard about this method. Childless women and unmarried women are less likely to have heard about BSE (35% and 32%, respectively). Women who are currently employed and those with high socioeconomic status are more likely to have knowledge of this technique (58% and 64%, respectively).

Table 10.4.2 shows the proportion of women who actually are performing BSE and how often. Overall, only 19% of all women (44% of women who have heard about BSE) were self performing breast examination every month. Women in Bucharest and in other urban areas were more likely to use BSE frequently (27 and 24 percent, respectively) while in rural areas 87% of women have never performed a BSE. Married women were the most likely to practice BSE frequently (23 %) and never married women most likely never to practice (88%). The likelihood of self examination increases with age and educational level. Only 4% of women aged 15-19 were regularly performing BSE whereas 33% women 40-4 years of age practice this technique. The least educated women were also the least likely to practice BSE (6%) whereas almost half of the highly educated women were performing BSE. Women with 1 or 2 children were the ones that use this self care technique most often (24-28%) while women with 4 or more children were the least likely to use it (10%). BSE was also more prevalent among employed women (28%) and among women with with high socioeconomic status (34%).

Sexually active women who have never had a routine gynecologic exam were the least likely (14%) to practice monthly BSE; me likelihood of performing BSE frequently is directly correlated to the frequency of routine gynecologic exams. Women who underwent Pap smear testing were also more likely to perform BSE than those who never had a cervical smear test (not shown).

TABLE 10.4.1
Women's Knowledge About Self Breast Exams By Selected Characteristics
All Women Aged 15-44
Reproductive Health Survey: ROMANIA, 1993

| Characteristics | Breast Self-Examination | | | Unweighted No.of Cases |
	Ever Heard	Never Heard	Total	
Total	**43.6**	**56.4**	**100.0**	**(4,858*)**
Residence				
Bucharest	62.4	37.6	100.0	(1,081)
Urban	50.2	49.8	100.0	(2,109)
Rural	28.9	71.0	100.0	(1,668)
Age Group				
15-19	22.7	77.3	100.0	(745)
20-24	35.4	64.6	100.0	(896)
25-29	47.2	52.8	100.0	(834)
30-34	55.9	44.1	100.0	(798)
35-40	53.9	46.1	100.0	(890)
40-44	56.3	43.7	100.0	(695)
Marital Status				
Married/In union	48.0	52.0	100.0	(3,540)
Previously Married	49.5	50.5	100.0	(277)
Never Married	31.8	68.2	100.0	(1,041)
Education Level				
Primary incomplete	15.6	84.4	100.0	(253)
Primary complete	27.3	72.7	100.0	(898)
Secondary incomplete	36.2	63.7	100.0	(1,451)
Secondary complete	55.0	45.0	100.0	(1,604)
College	76.6	23.4	100.0	(652)
No.of Living Children				
0	35.3	64.7	100.0	(1,532)
1	50.0	49.8	100.0	(1,205)
2	54.7	45.3	100.0	(1,388)
3	37.8	62.2	100.0	(428)
4 or more	31.3	68.7	100.0	(305)
Employment				
Employed	57.8	42.2	100.0	(2,571)
Unemployed	30.5	69.5	100.0	(2,287)
Socio-Economic Index				
Low	26.6	73.4	100.0	(1,609)
Medium	50.2	49.8	100.0	(2,622)
High	64.3	35.7	100.0	(627)

*/ Excludes three women with missing data

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TABLE 10.4.2
Frequency of Self Breast Exam By Selected Characteristics
Women Aged 15-44 Who Have Ever Heard About Self Breast Exam
Reproductive Health Survey: ROMANIA, 1993

Characteristics	Every Month	Less Than Every Month But Yearly	Never	Total	Unweighted No.of Cases
Total	**19.1**	**4.3**	**76.6**	**100.0**	**(4,859*)**
Residence					
Bucharest	27.2	8.0	64.8	100.0	(1,081)
Urban	23.5	4.8	71.7	100.0	(2,110)
Rural	10.6	2.5	86.9	100.0	(1,668)
Age Group					
15-19	4.1	1.8	94.1	100.0	(745)
20-24	12.5	2.7	84.7	100.0	(895)
25-29	18.8	5.0	76.2	100.0	(835)
30-34	27.3	4.2	68.5	100.0	(799)
35-39	25.8	8.0	66.2	100.0	(890)
40-44	32.9	5.1	62.0	100.0	(695)
Marital Status					
Married/In union	22.8	4.9	72.3	100.0	(3,540)
Previously Married	21.2	7.0	71.8	100.0	(277)
Never Married	9.5	2.4	88.1	100.0	(1,041)
Education Level					
Primary incomplete	5.8	2.6	91.6	100.0	(253)
Primary complete	11.2	2.2	86.6	100.0	(899)
Secondary incomplete	13.3	2.4	84.3	100.0	(1,453)
Secondary complete	24.1	5.6	70.3	100.0	(1,604)
College	42.4	10.8	46.9	100.0	(650)
No. of Living Children					
0	11.6	3.3	85.1	100.0	(1,531)
1	24.0	5.7	70.3	100.0	(1,205)
2	27.8	5.0	67.2	100.0	(1,387)
3	18.1	2.9	79.0	100.0	(429)
4 or more	10.0	4.7	85.3	100.0	(306)
Employment					
Employed	28.4	5.9	65.7	100.0	(2,571)
Unemployed	10.5	2.8	86.7	100.0	(2,288)
Socio-Economic Index					
Low	8.4	2.2	89.4	100.0	(1,610)
Medium	22.7	4.9	72.4	100.0	(2,622)
High	34.1	7.9	58.0	100.0	(627)

* Excludes two women with missing data.

CHAPTER XI

YOUNG ADULTS

Adolescent sexual activity, childbearing and higher abortion rates are of growing concern in Romania. Recent trends pose fundamental concerns about the health and education of teenage mothers; the health and social development of children born to these young women; the well-being of teenage men exposed to sexually transmitted diseases or who quit school to support young families; and society's losses and obligations incurred by adolescents and their children who are not able to become fully productive and independent citizens.

Finding appropriate responses to these problems has been made all the more complex by the recent social changes since 1989. Increasingly, people live in urban areas, are better educated and informed about lifestyle options, but attitudes toward sex, motherhood and attendant public policy are still influenced by the mores formed by yesterday's traditional society.

In traditional, predominantly rural societies, it is the norm for women to marry and start their childbearing at young ages. Consequently, young wives and mothers in these settings generally have the economic and social support of their families and communities. However, traditional norms are weakening; the forces of modernization-urbanization, rising educational attainment, more exposure to the mass media, and changes in the status of women-have altered every aspect of life, including me patterns and consequences of early childbearing.

Today, unintended pregnancies, abortion and childbearing among adolescent women are a source of increasing concern because of their impact in three areas:

The young mothers themselves-Early exposure to unprotected intercourse and unintended pregnancy puts the health of a young mother at higher risk, whether she chooses to bear the child or seek an abortion. At the same time, early marriage and/or childbearing may terminate a young woman's education, limiting her future job prospects.

The children of teenage mothers-The obstacles faced by infants born to teenage women mirror those of their mothers: they face an elevated risk of illness and death, and of being caught in a cycle of poverty, passed on from one generation to the next.

Society at large-Countries face several interrelated burdens. First, if a young woman fails to complete her education, her economic contribution to her country, as well as to her family, is likely to be less. Thus, society will not benefit as much from the investment made so far in her education. Second, a country such as Romania will have to struggle to find ways to help support young mothers and their children who are often trapped in poverty. While early pregnancy may have the biggest impact on a young woman's life, initiating sexual activity

poses other risks for her as well, not the least of which is exposed to sexually transmitted diseases (STDs) including AIDS. Young men also face consequences from early sexual activity and fatherhood, including exposure to STDs and the need to drop out of school to support their families. Their attitudes are important and have policy implications.

11.1 Sexual Experience

The survey questionnaire included a special module for the 1,641 young adult respondents from 15 to 24 years of age whose reported sexual experience is shown in Table 11.1.1. This module consists of a series of questions regarding the age at which they became sexually active, relationship to their first partner, use of contraception at that time, circumstances surrounding their first pregnancy, if ever pregnant, and communication with their mother concerning contraception. Only four of these women (0.2%) refused to answer questions on sexual experience.

TABLE 11.1.1
Percent Distribution of Young Adult Women 15-24 Years Of Age Who Reported Sexual Experience
By Marital Status At Time Of First Sexual Experience And Current Age
Reproductive Health Survey: ROMANIA, 1993

| | Reported Sexual Experience | | | | |
Current Age (years)	No Sexual Experience	Before Marriage	After Marriage	Total	Unweighted No. of Cases
Total 15-24	**58.8**	**22.2**	**19.0**	**100.0**	**(1641)**
15	95.6	3.6	0.8	100.0	(146)
16	94.5	4.7	0.8	100.0	(162)
17	85.8	7.5	6.7	100.0	(143)
18	74.9	12.7	12.5	100.0	(156)
19	60.3	21.6	18.2	100.0	(138)
20	47.0	33.8	19.2	100.0	(173)
21	34.8	33.1	31.1	100.0	(148)
22	32.7	39.5	27.7	100.0	(145)
23	23.1	35.3	41.6	100.0	(180)
24	16.2	41.4	42.5	100.0	(250)

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As Shown in Table 11.1.1, more than half of 15-24 year old women (58.8%) reported that they never had sexual intercourse. This includes 84% of 15-19 year old women and 30 percent of 20-24 year old women (Table 11.1.2). By age 24, only 16% report that they have never had sexual intercourse. Overall, slightly more than half (22%) of the 41 percent reporting sexual experience had premarital sexual intercourse. This contrasts sharply with results of the recent reproductive health survey in the Czech Republic where 99% of young adults with sexual experience report that their first intercourse was premarital (CDC and FACTUM, 1995).

Overall levels of sexual experience of young adult women range from 36% in other urban areas to 43% in Bucharest to 46% in rural areas. Reported premarital sexual experience appears to be highest in Bucharest (28%).

TABLE 11.1.2
Percent Distribution of Young Adult Women 15-24 Years of Age Who Reported Sexual Experience
By Marital Status at Time of First Sexual Experience
And by Residence and Current Age
Reproductive Health Survey: ROMANIA 1993

| Current Age & Residence | Reported Sexual Experience | | | Total | Unweighted No. of Cases |
	No Sexual Experience	Premarital Experience	Marital Experience		
All Women					
15-19	83.8	9.2	7.0	100.0	(745)
20-24	30.2	37.1	32.7	100.0	(896)
Total 15-24	58.8	22.2	19.0	100.0	(1,641)
Bucharest					
15-19	83.8	15.0	1.3	100.0	(139)
20-24	25.0	44.3	30.7	100.0	(172)
Total 15-24	57.3	28.2	14.6	100.0	(311)
Other Urban					
15-19	88.3	7.0	4.8	100.0	(298)
20-24	34.8	37.4	27.8	100.0	(334)
Total 15-24	64.0	20.8	15.2	100.0	(632)
Rural					
15-19	78.9	10.1	11.0	100.0	(308)
20-24	26.9	32.3	40.9	100.0	(390)
Total 15-24	53.7	20.9	25.5	100.0	(698)

Since women in rural areas marry at an earlier age, it is not surprising that 41% of those with sexual experience in rural areas had sexual intercourse before 18 years of age compared with 32% in other urban areas and 28% in Bucharest (Table 11.1.3). Sexual experience began earlier for young women not married at the time of first intercourse (41 % less than 18 years of age) compared with those who were married (31% less than 18 years of age).

TABLE 11.1.3
Percentage of Women Aged 15-24 Reporting Sexual Experience
By Age At First Sexual Experience and Selected Characteristics
Reproductive Health Survey: ROMANIA 1993

| Characteristics | Age At First Intercourse | | | | Unweighted |
	≤18	18-19	20-24	Total	No. of Cases
Total	**36.1**	**33.6**	**30.3**	**100.0**	**(818)**
Residence					
Bucharest	28.0	31.9	40.1	100.0	(156)
Other Urban	32.3	34.1	33.5	100.0	(280)
Rural	40.8	33.6	25.7	100.0	(382)
Marital Status at First Intercourse					
Married	30.7	36.8	32.5	100.0	(401)
Not Married	41.0	30.7	28.3	100.0	(417)
Education Level					
Primary	72.5	13.5	14.0	100.0	(158)
Secondary Incomplete	41.4	36.3	22.3	100.0	(273)
Secondary Complete	15.4	42.4	42.2	100.0	(308)
Post-secondary	7.4	38.7	53.9	100.0	(79)
Frequency of Religious Attendance					
At least once per month	40.8	33.7	25.5	100.0	(213)
Less than once per month	34.4	37.6	28.0	100.0	(142)
Only at holidays	29.9	35.5	34.6	100.0	(382)
Never	54.0	17.1	28.9	100.0	(81)

Earlier age at first intercourse is inversely related to education level and the data suggest that those who never attend religious services are most likely to have sexual intercourse at an earlier age. However, with only 81 respondents in this group, differences by frequency of religious attendance are not statistically significant with the exception of those who never

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attend and those who attend only on holidays (p<0.05). Multivariate analysis would be needed to determine the most important factors associated with age at first intercourse.

Reported sexual experience by marital status at the time of first sexual experience is shown by education in Table 11.1.4. An interesting U-shaped curve is seen with about half of women with either a primary education (48%) or at least secondary complete (47%) reporting sexual experience compared with only one-third of young adults with secondary incomplete (33%). However, if we look at only the 20-24 year olds who have completed their teenage years and are more likely to have finished a secondary education, sexual experience is inversely related to education and is almost universal for those with only a primary education (95%) followed by 80% of those with secondary incomplete and 60% of women with secondary complete or more. Premarital sexual experience follows the same pattern for 20-24 year old women.

TABLE 11.1.4
Percent Distribution of Young Adult Women 15-24 Years of Age Who Reported Sexual Experience
By Marital Status At Time of First Sexual Experience,
And by Education and Current Age
Reproductive Health Survey: ROMANIA, 1993

| | Reported Sexual Experience | | | | |
Current Age & Education	No Sexual Experience	Premarital Experience	Marital Experience	Total	Unweighted No. of Cases
All Women					
15-19	83.8	9.2	7.0	100.0	(745)
20-24	30.2	37.1	32.7	100.0	(896)
Total 15-24	58.8	22.2	19.0	100.0	(1,641)
Primary					
15-19	71.3	16.4	12.3	100.0	174
20-24	5.0	53.9	41.1	100.0	106
Total 15-24	51.8	27.5	20.8	100.0	280
Secondary Incomplete					
15-19	89.2	5.8	5.0	100.0	398
20-24	20.2	40.6	39.3	100.0	257
Total 15-24	67.5	16.7	15.8	100.0	655
Secondary Complete Or More					
15-19	85.2	9.2	5.5	100.0	173
20-24	40.0	32.1	27.9	100.0	533
Total 15-24	53.0	25.5	21.5	100.0	706

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By ethnic group, there is no difference in sexual experience rates between Romanian (39.2%) and Hungarian young women (38.8%--Table 11.1.5). However, whereas 52% of Romanian young women with sexual experience report premarital sexual experience, 79% of Hungarian young women do so. Approximately four-fifths of gypsy young women report sexual experience (79.2%: C.I. = 66.9, 91.5). Even with the small sample size for this ethnic group, their sexual experience rate is significantly higher than the rest of the population. There is a significant difference in premarital sexual experience between young adults in Romania, regardless of ethnic group, and Czech young adults who answered similar questions in a recently concluded national reproductive health survey and reported almost unanimous (99%) premarital sex (CDC and FACTUM, 1995).

TABLE 11.1.5
Reported Sexual Experience Of Young Adult Women 15-24 Years Of Age
By Marital Status At Time Of First Sexual Experience And By Ethnic Group
Reproductive Health Survey: ROMANIA, 1993
(Percent Distribution)

| Current Age & Residence | Reported Sexual Experience | | | | |
	No Sexual Experience	Premarital Experience	Marital Experience	Total	Unweighted No. of Cases
All Women	58.8	22.2	19.0	100.0	(1,641)
Ethnic Group					
Romanian	60.8	20.8	19.0	100.0	(1,473)
Hungarian	61.2	30.7	8.1	100.0	(79)
Gypsy	20.8	47.6	31.7	100.0	(63)

Of the 415 young adult respondents those who were not married at the time they first had sexual intercourse, 30% said that their partner was their fiancé, 25% said he was a boy friend and 45% said he was just a friend. The length of relationship (how long they were dating) by relationship to the first partner at the time of first sexual intercourse is shown in Table 11.1.6. There are no real differences up to 12 months even when first intercourse was after marriage, as slightly over half in all three categories had sexual intercourse within a year after their relationship started. After 12 months of dating without a sexual relationship, respondents were more likely to enter into a sexual relationship between 12 and 23 months after their relationship started if their partner was a boy friend or friend at the time (23% and 28%, respectively) compared with someone who married their partner or their partner was a fiancé (20% and 16%, respectively). Some may argue that, in the Romanian language, there is no clear distinction between a boy friend and a friend (Iubit and Prieten).

TABLE 11.1.6

Relationship To First Sexual Partner
By Length of Relationship At The Time Of First Sexual Intercourse
Sexually Experienced Women 15-24 Years of Age
Reproductive Health Survey: ROMANIA 1993
(Percent Distribution)

Length of Relationship	Relationship To First Sexual Partner			
	Husband	Fiancé	Boyfriend	Friend
Less Than 6 Months	38.2	41.1	41.6	41.7
6-11 Months	14.5	15.4	14.7	11.8
12-23 Months	19.5	15.8	23.4	27.8
More Than 23 Months	26.0	27.7	18.0	16.2
Do Not Remember	1.8	0.0	2.3	2.5
Total	100.0	100.0	100.0	100.0
Unweighted Number of Cases*	(387)	(126)	(103)	(186)

* Does not include 17 women who did not report their relationship to their first sexual partner or reported a relationshi
not specified above

Slightly over half (53%) of the women who report premarital sex said that their first sexual relation took place in their partner's house/apartment and another 27% in their own house/apartment (data not shown).

11.2 Contraceptive Use

Only about one-fourth (26%) of young women whose first sexual intercourse was premarital reported that they or their partner used contraception (Table 11.2.1). Contraceptive use was much lower if they were less than 18 years of age at first intercourse. Most couples used withdrawal. If first sexual intercourse was marital, even fewer women report use of contraception (15%). Again, withdrawal was the most prevalent method.

In either first marital sex or premarital sex when contraception was used, there was no difference in who took the initiative in trying to prevent pregnancy. In about half the cases, it

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TABLE 11.2.1
Women Who Used A Contraceptive Method At Time of First Sexual Intercourse
By Method and Age at First Intercourse
Women 15-24 Years of Age
Reproductive Health Survey: ROMANIA 1993
(Percent Distribution)

Women Whose First Sexual Intercourse Was Premarital

| | | Age at First Intercourse | | |
Contraceptive Method	Total	<18	18-19	20-24
Any Method	**25.5**	**15.9**	**31.0**	**33.8**
Withdrawal	17.4	13.0	23.7	17.1
Condom	4.0	1.1	3.7	8.7
Calendar	3.3	1.3	3.6	6.0
Pills	0.8	0.5	0.0	2.0
No Method	74.5	84.0	69.0	66.2
Total	100.0	100.0	100.0	100.0
Unweighted Number of Cases	(431)	(165)	(139)	(127)

Women Whose First Sexual Intercourse Was Marital

| | | Age at First Intercourse | | |
Contraceptive Method	Total	<18	18-19	20-24
Any Method	**15.2**	**8.4**	**14.8**	**21.8**
Withdrawal	10.9	6.8	10.3	15.3
Condom	2.3	1.6	3.1	1.9
Calendar	1.6	0.0	1.4	3.4
Pills	0.4	0.0	0.0	1.2
No Method	84.8	91.5	85.3	78.2
Total	100.0	100.0	100.0	100.0
Unweighted Number of Cases	(387)	(106)	(146)	(135)

was a joint decision. The partner insisted on contraception approximately one-third of the time and the women took the initiative in the other 17% of sexual encounters where a pregnancy prevention method was used (data not shown).

Table 11.2.2 shows that whether premarital or marital, contraceptive use at first intercourse, although very low, was higher in urban compared with rural areas (30% vs. 21% and 21% vs. 11%, respectively). The increase in use of contraception as age at first intercourse increased was maintained in all groups, except those in rural areas whose first intercourse was premarital.

TABLE 11.2.2
Reported Use of Specific Contraceptive Methods At First Sexual Intercourse
By Marital Status And Age At First Sexual Experience
And By Residence
Reproductive Health Survey: ROMANIA 1993
(Percent Distribution)

Women Whose First Sexual Intercourse Was Premarital

| | | | | Age at First Intercourse and Residence | | | | | |
| | Total | | < 18 | | 18-19 | | 20-24 | |
Contraceptive Method	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural
Any Method	**29.6**	**20.6**	**15.8**	**16.2**	**34.3**	**26.9**	**40.9**	**20.9**
Withdrawal	17.2	17.8	10.0	16.2	22.2	25.4	20.9	10.4
Condom	6.5	0.9	2.1	0.0	6.8	0.0	11.1	4.2
Calendar	4.5	1.9	2.6	0.0	5.3	1.5	5.8	6.3
Pills	1.4	0.0	1.1	0.0	0.0	0.0	3.1	0.0
No Method	70.5	79.4	84.2	83.8	65.6	73.1	59.1	79.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Unweighted Number of Cases	(257)	(174)	(86)	(79)	(83)	(56)	(88)	(39)

Women Whose First Sexual Intercourse Was Marital

| | | | | Age at First Intercourse and Residence | | | | | |
| | Total | | < 18 | | 18-19 | | 20-24 | |
Contraceptive Method	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural
Any Method	**20.7**	**10.8**	**10.8**	**7.3**	**21.7**	**8.5**	**25.4**	**18.2**
Withdrawal	13.7	8.7	10.8	4.9	13.6	7.3	15.5	15.2
Condom	2.9	1.7	0.0	2.4	5.2	1.2	2.3	1.5
Calendar	3.2	0.4	0.0	0.0	2.9	0.0	5.3	1.5
Pills	0.9	0.0	0.0	0.0	0.0	0.0	2.3	0.0
No Method	79.4	89.1	89.2	92.7	78.3	91.5	74.8	81.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Unweighted No. of Cases	(179)	(208)	(34)	(72)	(68)	(78)	(77)	(58)

TABLE 11.2.3

Reported Use of Specific Contraceptive Methods At First Sexual Intercourse
By Marital Status And Age At First Sexual Experience
And By Education
Reproductive Health Survey: ROMANIA 1993
(Percent Distribution)

Women Whose First Sexual Intercourse Was Premarital

| | | | Age at First Intercourse and Education | | | | | |
| | Total | | <18 | | 18-19 | | 20-24 | |
Contraceptive Method	≤12*	12 or More**	≤12	12 or More	≤12	12 or More	≤12	12 or More
Any Method	**14.5**	**39.0**	**11.2**	**35.9**	**23.7**	**35.9**	**14.2**	**43.3**
Withdrawal	12.1	24.0	9.8	26.2	20.1	26.1	9.5	20.9
Condom	1.2	7.4	0.0	5.6	1.8	5.0	4.7	10.6
Calendar	1.2	5.9	1.4	1.3	1.8	4.8	0.0	8.9
Pills	0.0	1.7	0.0	2.8	0.0	0.0	0.0	2.9
No Method	85.5	61.0	88.8	64.2	76.3	64.1	85.8	56.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Unweighted Number of Cases	(224)	(207)	(128)	(37)	(56)	(83)	(40)	(87)

Women Whose First Sexual Intercourse Was Marital

| | | | Age at First Intercourse and Education | | | | | |
| | Total | | <18 | | 18-19 | | 20-24 | |
Contraceptive Method	≤12*	12 or More**	≤12	12 or More	≤12	12 or More	≤12	12 or More
Any Method	**6.5**	**26.2**	**6.9**	***	**4.2**	**24.5**	**9.1**	**29.0**
Withdrawal	6.1	17.0	10.8	***	13.6	15.9	9.1	18.8
Condom	0.4	4.6	0.0	***	5.2	6.0	0.0	1.5
Calendar	0.0	3.7	0.0	***	2.9	2.6	0.0	1.5
Pills	0.9	0.0	0.0	***	0.0	0.0	0.0	1.8
No Method	93.5	73.1	93.1	***	78.3	91.5	74.8	81.8
Total	100.0	100.0	100.0	***	100.0	100.0	100.0	100.0
Unweighted No. of Cases	(207)	(180)	(90)	(16)	(68)	(78)	(77)	(58)

* Less than Complete Secondary
** Complete Secondary or More
***Less than 25 cases

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Educational attainment, on a bivariate basis, appears to be a strong determinant of contraceptive use at first sexual intercourse (Table 11.2.3). Almost 40% of women with a higher educational level (complete secondary or more) used contraception at first premarital intercourse compared with only 15% who had not completed secondary school. Also, 23% of the better educated women using any contraceptive method used either the condom or the pill at first premarital intercourse compared with only 8% of women with a lower educational background. Similar differences by education are true for first sexual intercourse within marriage (26% vs. 7% and 21% vs. 6%, respectively). It should be noted that the positive relationship between use of contraception at age at first intercourse, seen in the previous two tables, weakens or disappears when educational level is a control variable.

Women who did not use contraception at first intercourse were asked the principal reason why they or their partner did not do so. Over one-fourth (27%) of women who had premarital intercourse stated that they did not know about contraception at the time (Table 11.2.4). This was especially true for women who had their first premarital intercourse before age 18 (34%). Another 22% each said that they did not expect to have intercourse when they did or they wanted to become pregnant. One out of six women (16%) did not believe that pregnancy was possible at first intercourse.

TABLE 11.2.4
Reason For Not Using Contraception At The Time of First Premarital Sexual Experience
By Age At First Premarital Sexual Experience
Women 15-24 Years of Age With Premarital Sexual Experience
Reproductive Health Survey: ROMANIA 1993
(Percent Distribution)

Reason For Not Using Contraception*	Total	Age At First Premarital Sexual Experience		
		<18	18-19	20-24
Lack of Knowledge	27.2	33.7	21.6	21.9
Wanted To Become Pregnant	22.0	25.5	18.7	19.4
Did Not Expect To Have Sex	21.6	18.5	25.9	22.1
Thought Pregnancy Not Possible	16.1	13.4	18.0	18.9
Concerned About Side Effects	2.5	1.1	2.0	5.8
Other Reasons	5.0	2.4	7.6	6.9
Don't Know	5.7	5.5	6.3	5.1
Total	100.0	100.0	100.0	100.0
Unweighted No. of Cases	(417)	(158)	(136)	(123)

* Excludes 10 women who said their first sexual intercourse was rape

Of women who did not use contraception and their first sexual experience was after marriage, slightly more than half (51%) stated that they were trying to get pregnant (data not shown). This probably indicates the strong familial and societal pressures to have a child once they get married. Another 28% said they had no knowledge of contraception at the time (46% of those that married before age 18) and 9% thought they could not get pregnant the first time they had sexual intercourse.

11.3 Premarital Pregnancy

It is important to keep in mind that underreporting of induced abortions (and, therefore, pregnancies terminated by induced abortion) may have some effect on the results presented on premarital pregnancies, especially if premarital abortions were even more likely than abortions within marriage to go unreported. We expect that the proportion of females experiencing premarital pregnancy was somewhat higher than reported and that the proportion of those women who went on to marry the man by whom they became pregnant may also have been understated. About three-fourths of 15 to 24 year old respondents reported that they had ever been pregnant and about 17% of those said they were not married at the time they first became pregnant.

The top panel of Table 11.3.1 reveals that in 61% of instances of premarital pregnancy the man by whom she became pregnant was her "boyfriend", or "friend" with most of the remainder being fiancés. Almost two-thirds (63%) of the unmarried women who became pregnant said they went on to marry the man by whom they became pregnant. The bottom panel of the Table 11.3.1 shows that in only about one-half of the cases did respondents report that their partner wanted to get married after learning of the pregnancy. Nineteen percent of men preferred that the woman get an abortion. Ten percent wanted the respondent to have the baby, but did not want to get married. Finally, 5% of women said that the man never learned of the pregnancy.

When asked about the reaction of their parents after finding out about their premarital pregnancy, 31 % of women said their parents encouraged them to get married and 8% claimed that their family insisted that they get married (Table 11.3.2). Five percent of parents did not interfere, i.e., they let the women/couple make the decision on their own. Nine percent thought the woman should have the baby without getting married, and 6% encouraged abortion. Almost one-third of parents (30%) did not know about the pregnancy.

TABLE 11.3.1
Relationship To Partner At Time Of First Pregnancy
Whether Respondent Married That Man
And Attitude Of That Partner Regarding The Pregnancy
Women 15-24 Years Of Age With Any Reported Premarital Pregnancies
Reproductive Health Survey: ROMANIA, 1993

Relationship To Partner	Percentage	
Fiancé	30.1	
Boy Friend	24.1	
Friend	37.1	
Other	2.4	
No Response	6.3	
Total	100.0	(N = 102)

Whether She Married Partner?		
Yes	63.3	
No	32.4	
No Response	4.3	
Total	100.0	(N = 96)

Partner's Attitude To Pregnancy		
Both Wanted To Marry	50.8	
Partner Wanted Abortion	18.7	
Accepted Pregnancy, But Not Marriage	10.2	
Only He Wanted To Marry	3.8	
Did Not Know About Pregnancy	4.9	
Other / Don't Know	11.6	
Total	100.0	(N = 96)

TABLE 11.3.2

Attitude Of Respondent's Family Regarding Her First Premarital Pregnancy
Women 15-24 Years Of Age With Any Reported Premarital Pregnancies
Reproductive Health Survey: ROMANIA, 1993

Family's Attitude	Percentage
Wanted Her To Marry	30.6
Accepted Pregnancy Without Marriage	9.1
Insisted That She Marry	8.0
Wanted Her To Have An Abortion	5.8
Did Not Interfere	4.7
Did Not Know About Pregnancy	30.0
Other	5.9
Don't Know	5.8
Total	100.0
Number Of Cases	(101)

11.4 Family Planning Discussions with Mother

Finally, all 15-24 year old respondents were asked whether their mother had ever discussed with them the mother's use of pregnancy prevention methods (Table 11.4.1). Only 12% of young women said they had ever had such discussions. This percentage was twice as high in Bucharest and other urban areas compared with rural areas, and was also positively related to the respondent's education. However, even among young women in urban areas and those who had at least a complete secondary education, only 15% had ever talked to their mother about what method of preventing pregnancy the mother had used.

There was one sub-group of 15-24 year old respondents among whom a relatively high proportion had spoken with their mother about the mother's use of contraception. This was the 15% who had spoken to their mother about their own (that is, the daughter's) use of contraception, among whom 47% had spoken with their mother about the mother's use of contraception.

A slightly greater proportion of young women who had premarital sexual experience, 13 percent, reported they had spoken with their mother about the mother's use of contraception, but differences between them and other women are not significant.

TABLE 11.4.1
Percent of Young Adult Women 15-24 Years Of Age
Who Ever Talked To Their Mother About Mother's Method Of Contraception
By Residence, Respondent's Education and Sexual Experience,
And If Mother Ever Spoke To Daughter About Daughter Using Contraception
Reproductive Health Survey: ROMANIA, 1993

	Percent Who Ever Talked To Mother About Mother's Method Of Contraception	Unweighted No. Of Cases
Total	**11.6**	**(1,638)**
Residence		
Bucharest	15.3	(311)
Other Urban	14.7	(630)
Rural	7.6	(697)
Respondent's Education		
Primary	7.1	(280)
Secondary Incomplete	10.2	(654)
Secondary Complete Or More	15.3	(1,604)
Respondent's Sexual Experience		
No Sexual Experience	11.1	(822)
Sexual Experience Before Marriage	13.2	(430)
Sexual Experience Only After Marriage	11.4	(386)
If Mother Ever Spoke To Daughter About Daughter Using Contraception		
Yes	46.6	(249)
No	6.0	(1,386)

* Excludes 3 women who did not answer if their mother ever spoke to them about using contraception.

CHAPTER XII

KNOWLEDGE OF AIDS TRANSMISSION AND PREVENTION

HIV infection and AIDS is potentially a major health problem in Romania as it has proven to be in other European countries. Survey respondents were asked about their knowledge of the disease, whether they thought the virus could be transmitted through various modes of transmission, what a person can do to reduce the risk of contracting AIDS and whether they felt they were at risk of becoming infected. Such information was included to help determine where improvements in knowledge about AIDS was necessary in order to design and enhance the effectiveness of AIDS prevention programs.

TABLE 12.1
Percent of Women 15-44 Years Of Age Who Have Heard Of AIDS
And Who Believe A Person Can Be Infected With HIV Without Showing Symptoms
By Residence And Education
Reproductive Health Survey: ROMANIA, 1993

	% Have Heard Of HIV/AIDS		% Believe Infection Can Be Asymptomatic	
Total	**96.0**	**(4,858)**	**46.8**	**(4,683)**
Residence				
Bucharest	98.8	(1,081)	59.8	(1,071)
Other	98.5	(2,109)	50.4	(2,076)
Rural	91.7	(1,668)	37.1	(1,536)
Education				
Primary	89.2	(1,151)	31.3	(1,030)
Secondary Incomplete	97.0	(1,451)	41.5	(1,407)
Secondary Complete	99.3	(1,604)	52.3	(1,596)
Post Secondary & University	99.7	(652)	77.7	(650)
Marital Status				
Marital Union	96.4	(3,313)	45.8	(3,205)
Consensual Union	93.2	(226)	35.9	(213)
Previously Married	93.8	(277)	49.8	(264)
Never Married	96.0	(1,042)	50.0	(1,001)

Table 12.1 shows that 96% of Romanian women of childbearing age have heard of HIV/AIDS. A lower percentage of rural women had heard of AIDS. Essentially all women with a post-secondary education have heard of HIV/AIDS compared with 89 percent of women with only a primary education. However, "knowledge" about HIV/AIDS appears to be superficial in many cases, as only 47% of women who had heard of AIDS knew that the infection could be symptomless and a person could be infected without being sick. This knowledge was strongly correlated with education. Only 31 % of women with a primary education, compared with 78% of women with post-secondary education knew that someone could be infected and have no symptoms. Knowledge that the infection could be asymptomatic increased from only 37% in rural areas to 50% in other urban areas to 60% in Bucharest. There is no difference in "having heard of HIV/AIDS" by marital status. However, knowledge that the infection can be asymptomatic is statistically lower for women in consensual union (35.9%; CI=28.5- 43.3) compared with women in legal union (45.8%;CI=43.7- 47.9) or never married women (50.0%; CI=46.2-53.8). Knowledge was also studied by five-year age groups but no differences were found.

TABLE 12.2

Percent of Women in Union 15-44 Years of Age Who Believe AIDS Can Be Transmitted In The Following Ways
By Residence and Education
Reproductive Health Survey: ROMANIA 1993

Mode of Transmision	Total	Residence			Education Level			
		Bucharest	Other Urban	Rural	Primary	Secondary Incomplete	Secondary Complete	Postsec.& University
Having Heterosexual Relations	95.6	98.3	97.1	92.6	89.4	96.2	98.3	99.4
Using a Non-Sterile Needle	91.8	96.3	94.2	86.6	82.7	91.3	96.6	98.5
Receiving a Blood Transfusion	88.9	95.5	92.4	81.6	79.2	87.5	93.9	98.9
Homosexual Relations Among Men	72.1	86.5	78.0	58.6	58.0	67.8	78.9	93.7
Going to a Doctor or Dentist	53.7	64.4	58.0	43.9	50.3	46.3	57.5	70.4
Sharing Objects with Aids Patients	35.7	29.7	33.4	41.0	46.7	38.9	29.8	20.4
Using Public Bathrooms	34.3	30.7	31.8	39.3	44.9	34.9	29.9	22.2
Kissing on the Mouth	32.2	29.3	30.5	35.6	42.0	31.5	28.8	22.8
Mosquito Bites	27.0	25.5	27.8	26.3	30.6	27.6	24.3	25.0
Shaking Hands	9.1	4.9	7.4	12.9	17.6	9.1	5.2	2.3
Unweighted No. of Cases	(4,683)	(1,071)	(2,076)	(1,536)	(1,030)	(1,407)	(3,596)	(650)

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More than 88% of women identified the three principal modes of transmission for HIV/AIDS: sexual relations, sharing needles and receiving blood transfusions (Table 12.2). However, only 72% agreed that homosexual relations among men could transmit HIV/AIDS. In each case, knowledge of transmission was positively associated with education with the strongest correlation seen for homosexual relations among men. One half of women (54%) thought there was a danger of transmission when a person goes to a physician or dentist.

There was also misinformation evident as about one-third of women agreed that sharing objects with an AIDS patient, using public bathrooms or kissing on the mouth were modes of transmission. Another 27% said that the virus could be spread by mosquito bites and 9% indicated that shaking hands could transmit HIV/AIDS. For these five "possible modes of transmission", there was a negative correlation with education.

By residence, belief in transmission increased from rural to other urban areas to Bucharest for the first five "modes of transmission" and increased in the opposite direction for the second set of five "modes of transmission".

TABLE 12.3
Percent of Women 15-44 Years Of Age Who Have Heard About AIDS
And Responded That They Know Of Selected Ways A Person Can Reduce The Risk Of Contracting AIDS
By Whether Spontaneous Or Probed Response
Reproductive Health Survey: ROMANIA, 1993

Selected Action	Spontaneous Response	Probed Response	Total (N=4,683)
Have Only One Sexual Partner	51.3	41.3	92.6
Use Only Sterile Needles	33.0	58.9	91.9
Use Of Condoms	27.5	50.7	78.2
Avoid Prostitutes	16.3	75.7	92.0
Avoid Sex With Homo-Sexuals	7.4	73.7	81.1
Avoid Injections	4.9	43.8	48.7
Avoid All Sexual Relations	2.5	24.0	26.5
At least one of the Above Action	69.9	26.5	96.4

Women who have heard about AIDS were asked what a person could do to reduce the risk of getting AIDS. Spontaneous responses are shown in the first column of Table 12.3. If the respondent did not mention the selected action spontaneously, the interviewer probed by

mentioning each one. One-half of women (51 %) spontaneously said that having only one sexual partner could reduce the risk of getting AIDS. One-third mentioned using only sterile needles and 27% said to use condoms. Other actions were mentioned by 16% or fewer. Overall, 70% of women who have heard about AIDS could spontaneously mention at least one way to reduce the risk of contracting AIDS. However, when probed and each action was specifically mentioned, 78% or more of the women agreed with the first five actions. Counting both spontaneous and probed answers, almost all (96%) of women were able to correctly identify at least one way of avoiding AIDS transmition.

For married women, the most often mentioned way that could reduce the risk of contracting AIDS was having a monogamous relationship (54%), whereas for unmarried women me use of condoms was mentioned most often (45%). A monogamous relationship was mentioned most often by women aged 35 years or more (58%) whereas the use of condoms was mentioned most often by younger women. (data not shown).

TABLE 12.4
Percent of Women 15-44 Years Of Age Who Have Heard About AIDS
And Responded That They Know Of Selected Ways A Person Can Reduce The Risk Of Contracting AIDS
By Residence
Reproductive Health Survey: ROMANIA, 1993

Selected Action	Spontaneous Response				Probed Response			
	Total	Bucharest	Other Urban	Rural	Total	Bucharest	Other Urban	Rural
Have Only One Sexual Partner	51.3	57.0	54.1	45.3	41.3	37.9	40.3	43.8
Use Only Sterile Needles	33.0	47.1	36.5	23.1	58.9	48.9	57.9	63.5
Use Of Condoms	27.5	47.3	31.0	15.8	50.7	40.3	53.2	50.5
Avoid Prostitutes	16.3	23.2	17.0	13.0	75.7	72.9	77.7	73.7
Avoid Sex With Homo-Sexuals	7.4	10.6	8.3	5.0	73.7	82.3	76.8	66.3
Avoid Injections	4.9	12.0	4.5	3.2	43.8	41.4	44.9	43.1
Avoid All Sexual Relations	2.5	2.3	2.8	2.3	24.0	16.5	24.5	25.5

Table 12.4 shows this same information by residence. With the exception of "avoiding all sexual relations", spontaneous responses were always higher in Bucharest and higher in other urban areas than rural areas. Only spontaneous responses are shown by educational attainment (Table 12.5). With the exception of "avoiding all sexual relations", which is the least mentioned way of avoiding AIDS, spontaneous responses increase with educational attainment.

TABLE 12.5
Percent of Women 15-44 Years Of Age Who Heve Heard About AIDS
And Responded That They Know Of Selected Ways A Person Can Reduce The Risk Of Contracting AIDS
By Education
Reproductive Health Survey: ROMANIA, 1993

			Educational Level		
Selected Action	Total	Primary	Secondary Incomplete	Secondary Complete	Postsecondary & University
Have Only One Sexual Partner	51.3	42.6	47.2	56.2	66.9
Use Only Sterile Needles	33.0	16.7	31.3	38.4	56.2
Use Of Condoms	27.5	10.8	24.0	34.6	51.6
Avoid Prostitutes	16.3	12.1	14.5	18.1	24.7
Avoid Sex With Homo-Sexuals	7.4	3.6	6.2	8.4	15.6
Avoid Injections	4.9	3.6	6.2	8.4	15.6
Avoid All Sexual Relations	2.5	2.3	2.8	2.1	3.7
Unweighted Number of Cases	(4,683)	(1,030)	(1,407)	(3,596)	(650)

TABLE 12.6
Respondent's Perception Of The Degree Of Risk Selected Groups Have Of Contracting AIDS
Women 15-44 Years Of Age
Reproductive Health Survey: ROMANIA, 1993
(Percent Distribution)

	Perception Of Degree Of Risk Of Contracting AIDS					
Selected Group	Some Risk	No Risk	Depends	Don't Know	Total	Unweighted No. Of Cases
Prostitute	91.1	0.4	1.2	7.4	100.0	(4,681)
Intravenous Drug User (Narkoman)	72.9	0.7	2.5	23.8	100.0	(4,681)
Homosexual Man	69.5	0.5	2.5	27.5	100.0	(4,681)
Sexually Active Man, Unmarried	63.5	0.7	24.6	11.3	100.0	(4,681)
Sexually Active Woman, Unmarried	62.8	1.0	25.2	11.0	100.0	(4,681)
Homosexual Woman	49.3	3.9	3.6	43.2	100.0	(4,681)
Married Man	42.4	8.3	40.5	8.8	100.0	(4,681)
Married Woman	42.1	11.8	37.5	8.7	100.0	(4,681)

Respondents were also asked about their perception of risk for persons in the selected groups shown in Table 12.6. Over 90% said that prostitutes have some risk of being infected with the AIDS virus. From 63 to 73% said that drug users, homosexual men and sexually active unmarried men and women have some risk. For the first two groups, about one-fourth said they didn't know (in rural areas, many women did not understand a homosexual relationship). For unmarried sexually active men or women, about one-fourth said "it depends" generally adding that it depends if they were monogamous and/or "used protection".

TABLE 12.7
Percent of Women 15-44 Years of Age Who Believe Selected Groups Have Some Risk of Contracting AIDS   By Residence and Education
Reproductive Health Survey: ROMANIA 1993

| Selected Group | Total | Residence | | | Education Level | | | |
		Bucharest	Other Urban	Rural	Primary	Secondary Incomplete	Secondary Complete	Postsec.& University
Prostitutes	91.1	97.2	93.7	85.2	82.2	89.8	96.2	98.7
Intravenous Drug Users	72.9	84.4	77.9	61.9	59.1	71.4	78.8	89.3
Homosexual Men	69.5	88.0	74.6	55.9	52.9	66.0	77.3	91.3
Unmarried, Sexually Active Men	63.5	77.9	63.6	58.7	59.7	60.2	68.2	67.7
Unmarried, Sexually Active Women	62.8	77.5	62.6	58.3	58.7	59.1	68.1	66.8
Homosexual Women	49.3	64.4	53.3	38.4	34.7	48.9	55.0	64.9
Married Men	42.4	56.7	41.9	38.4	40.7	39.3	43.9	50.2
Married Women	42.1	56.0	41.8	37.9	40.1	39.0	43.5	50.5
Unweighted No. of Cases	(4,683)	(1,071)	(2,076)	(1,536)	(1,030)	(1,407)	(3,596)	(650)

These same data are shown by residence and educational attainment in Table 12.7. Increased risk is perceived as you go from rural areas to other urban areas to Bucharest. With the exception of married men and women, perceived risk increases as educational attainment increases.

Respondents were also asked if they felt that they had personally any risk of contracting AIDS. About two-thirds (66%) said they had no risk of contracting AIDS (Table 12.8). Another 18% said they may have some risk, mostly low risk (12%), and 16% stated that they didn't know if they were at risk or not. This last group tended to be rural women and/or women with less than a secondary complete education.

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TABLE 12.8
Self-Perceived Risk Of Contracting AIDS By Residence and Education
Women 15-44 Years of Age Who Have Heard About AIDS
Reproductive Health Survey: ROMANIA 1993
(Percent Distribution)

| Perceived Risk | Total | Residence | | | Education Level | | | |
		Bucharest	Other Urban	Rural	Primary	Secondary Incomplete	Secondary Complete	Postsec.& University
No Risk of Contracting AIDS	**66.1**	71.9	67.2	62.4	60.6	65.8	68.6	71.3
At Risks of Contracting AIDS	**18.2**	18.7	19.8	15.6	16.7	16.6	18.7	24.3
Low Risk	11.7	11.7	13.3	9.4	9.3	10.3	12.8	17.4
High Risk	3.2	4.6	3.3	2.6	3.7	3.0	2.7	4.5
Unknown Level of Risk	3.2	2.5	3.1	3.6	3.7	3.3	3.2	2.2
Don't Know If At Risk or Not	**15.7**	64.4	53.3	38.4	34.7	48.9	55.0	64.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Unweighted No. of Cases	**(4,683)**	(1,071)	(2,076)	(1,536)	(1,030)	(1,407)	(3,596)	(650)

In view of the importance of using condoms to protect against transmission of HIV infection, a comparison was made between women considering themselves at no risk and those considering themselves at high risk with regard to current or past use of condoms and of future condom use (not shown). No connection was found between the self-assessed risk of HIV infection and the use of condoms. Only 29% of women considering themselves at high risk use or have used condoms, compared with 21 % of those considering themselves at no risk. Ninety-one percent of the women who have used condoms did that to prevent an unintended pregnancy and none mentioned protection against STDs or AIDS as a reason for using condoms.

No correlation was found between the two groups regarding the desire to use condoms in the future; only 18% of those considering themselves at no risk and 20% of those considering themselves at high risk expressed the wish to use condoms. These figures show a lack of association between knowledge and actions that was also found about modern contraceptive use. Even if theoretical knowledge about HIV infection and AIDS is widespread among women, the idea that pathology can not affect them personally is prevalent. Not addressing this problem as a potentially personal one leads to neglecting elementary protective measures such as condom use.

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SAMPLING ERRORS

The sample of respondents selected in the RRHS was drawn from the universe of all women of reproductive age using a stratified sample design; the expected sample size of approximately 5,000 women was based on census data and a projected 90% response rate. The estimates for a sample survey are affected by two types of errors: (1) non-sampling error and (2) sampling error. Non-sampling error is the result of mistakes made in carrying out data collection and data processing, including the failure to locate and interview the right household, errors in the way questions are asked or understood, and data entry errors. Although efforts were made during me implementation of the RRHS to minimize this type of error, non-sampling errors are impossible to avoid and difficult to evaluate statistically. Sampling error is a measure of the variability between an estimate and the true value of the population parameter intended to be estimated that can be attributed to the fact that a sample rather than a complete enumeration was used to produce it; in other words, sampling error is the difference between the expected value for any variable measured in a survey and the value estimated by the survey. This sample is only one of the many probability samples which could have been selected from the female population aged 15-44 using the same sample design and projected sample size. Each of these samples would have yielded slightly different results from the actual sample selected.

Sampling error is usually measured in terms of the variance and standard error (square root of the variance) for a particular statistic (mean, proportion, or ratio). The standard error (SE) can be used to calculate confidence intervals (CI) of the estimates within which we can say with a given level of certainty that the true value of population parameter lies. For example, for any given statistic calculated from the survey sample, there is a 95 percent probability that the true value of that statistic will lie within a range of plus or minus two SE of the survey estimate. The standard statistical formulas for variance used in most computer programs do not take into consideration complex sample designs and/or weighting procedures; they calculate standard errors of proportions and means under the assumption that the sample of respondents has been selected as a simple random sample. Such calculations understate the sampling errors of the survey estimates. Since the sample of RRHS is the result of a three-stage selection utilizing clusters of households, and weights have been used to adjust for non-equal probability of selection, more complex calculations are needed.

The SE for selected RRHS estimates were calculated using SUDAAN (Shah et al., 1991), a professional software written in SAS and specially designed for SUrvey DAta ANalysis. This software computes variances according to three basic types of, sample designs, often found in sample surveys, and the variance estimation is based on a first-order Taylor series linearization method. In variances and SE computation using SUDAAN, the option "with replacement" at the first stage of sample selection was specified. The design effect (DEFT) for each estimate, defined as the ratio between the variance using the complex sample design and the variance that would result if a simple random sample had been used, was also computed in SUDAAN. For each variable, the definition, the type of statistic (mean, proportion or categorical), and the base population used in the calculation of the statistic is presented (Table Al). Then (Table A2), the estimated value, the standard error of that value, the design effect, the 95 percent confidence interval and the unweighted number of cases used in calculating that estimate is displayed.

TABLE A1
List of Variables with Standard Errors Calculated
Reproductive Health Survey-Romania, 1993

Variable	Type	Description/Category	Population Group
MARITAL	C	Marital Status 1 - Currently in Union 2 - Separated/Widowed/Divorced 3 - Single	All Women
NEWED	C	Education Level 1 - Primary 2 - Secondary Incomplete 3 - Secondary Complete 4 - College/University	All Women
LVCHILD	C	Number of Living Children 1-No Living Children 2-One Child 3-Two Children 4-Three or More Children	All Women
SMOKE	C	Smoking Experience 1-Currently smoking 2-Never smoked 3-Quit Smoking	All Women
PAPTEST	P	Ever Had Pap Smear Test	All Sexual Experienced Women
BIRTH	M	No. of Live Births	All Women
BIRTHMAR	M	No. of Live Births	Women Currently in Union
LASTPOUT	C	Last Pregnancy Outcome: 1-Live Birth 2-Induced Abortion 3-Other Pregnancy Outcomes 4-Pregnant Now	All Women with at least one pregnancy in the last 5 years
STARTPC	C	Gestational Age When Prenatal Care Was Initiated: 1-First Trimester 2-Second Trimester 3-Third Trimester 4-No Prenatal Care	All Women with at least one live birth in the last 5 years
BCUSE	C	Birth Control Use: 1-Never Used 2-Used in the Past 3-Currently Using a Method	All Women
CUSE	P	Current Use of Family Planning	Women Currently in Union
USEWD	P	Currently Using Withdrawal	Women Currently in Union

Variable	Type	Description and Category	Population Group
USERHY	P	Currently Using Rhythm	Women Currently in Union
USEMM	P	Currently Using a Modern Method	Women Currently in Union
HEARDMM	P	Heard About Any Modern Method	Women Currently in Union
HPILL	P	Heard About Pills	Women Currently in Union
HIUD	P	Heard About IUD	Women Currently in Union
HCONDOM	P	Heard About Condom	Women Currently in Union
HEARDWD	P	Heard About Withdrawal	Women Currently in Union
HEARDRHY	P	Heard About Rhythm	Women Currently in Union
WANTCH	C	Future Fertility Preferences 1-Want a Child within 2 years 2-Want a Child after 2 years 3-Want No More Children 4-Want a Child Not Sure When 5-Subfecund	Women Currently in Union
NOMORE	P	Want No More Children	Women Currently in Union and Fecund
WANTUSE	P	Want to Use Family Planning	Currently in Union, Fecund and Non-user
DIFFGET	P	Difficult to Get Modern Methods	Women Currently in Union and Using Traditional Methods
SIDEEF	P	Fear of Side Effects	Women Currently in Union and Using Traditional Methods
PARTNER	P	Partner Preference	Women Currently in Union and Using Traditional Methods
KNOWNOT	P	Little Knowledge of Modern Methods	Women Currently in Union Using Traditional Methods
ALLPOUT	C	All Pregnancies Outcomes: 1-Live Birth 2-Induced Abortion 3-Other outcomes	All Pregnancies since January 1988
WANTPG	C	Intendedness of Pregnancies: 1-Planned 2-Mistimed 3-Unwanted	All Pregnancies since January 1988

TABLE A2
Sampling Errors and Design Effects of Selected Variables
Reproductive Health Survey, ROMANIA 1993

Variable	Category	Value	N	SE	DEFT	Confidence Interval (CI) Lower	Upper
MARITAL	1	0.672	4861	0.009	2.10	0.653	0.692
MARITAL	2	0.053	4861	0.004	1.26	0.046	0.060
MARITAL	3	0.275	4861	0.010	2.32	0.255	0.294
NEWED	1	0.261	4861	0.013	4.00	0.236	0.286
NEWED	2	0.313	4861	0.009	1.65	0.296	0.330
NEWED	3	0.314	4861	0.007	2.10	0.295	0.334
NEWED	4	0.112	4861	0.008	2.28	0.098	0.126
LVCHILD	1	0.361	4861	0.010	2.02	0.341	0.381
LVCHILD	2	0.215	4861	0.008	1.64	0.200	0.230
LVCHILD	3	0.270	4861	0.008	1.79	0.253	0.287
LVCHILD	4	0.155	4861	0.008	2.09	0.140	0.170
SMOKE	1	0.191	4861	0.010	2.88	0.171	0.210
SMOKE	2	0.552	4861	0.011	2.27	0.530	0.573
SMOKE	3	0.258	4861	0.009	2.04	0.240	0.276
PAPTEST		0.278	3975	0.013	3.11	0.252	0.304
BIRTH		1.390	4861	0.030	2.11	1.330	1.450
BIRTHMAR		1.930	4861	0.030	2.08	1.870	1.990
LASTPOUT	1	0.342	2358	0.014	1.85	0.314	0.370
LASTPOUT	2	0.541	2358	0.016	2.11	0.510	0.573
LASTPOUT	3	0.056	2358	0.006	1.32	0.045	0.068
LASTPOUT	4	0.060	2358	0.005	0.94	0.051	0.071
STARTPC	1	0.573	1441	0.016	1.31	0.542	0.605
STARTPC	2	0.573	1441	0.016	1.31	0.542	0.605
STARTPC	3	0.573	1441	0.016	1.31	0.542	0.605
STARTPC	4	0.573	1441	0.016	1.31	0.542	0.605
BCUSE	1	0.427	4861	0.011	2.48	0.405	0.449
BCUSE	2	0.166	4861	0.007	1.57	0.152	0.179
BCUSE	3	0.407	4861	0.010	2.21	0.386	0.428
CUSE		0.574	3542	0.012	2.14	0.548	0.598
USEWD		0.351	3542	0.012	2.01	0.327	0.375
USERHY		0.084	3542	0.006	1.70	0.072	0.096
USEMM		0.139	3542	0.008	1.75	0.123	0.155
HEARDMM		0.950	3542	0.010	2.77	0.930	0.970
HPILL		0.810	3542	0.010	4.31	0.930	0.970
HIUD		0.790	3542	0.010	4.12	0.770	0.810
HCONDOM		0.900	3542	0.010	3.55	0.880	0.920
HEARDWD		0.910	3542	0.010	2.51	0.890	0.930
HEARDRHY		0.840	3542	0.010	3.67	0.820	0.860
WANTCH	1	0.102	3542	0.006	1.20	0.090	0.114
WANTCH	2	0.054	3542	0.006	1.42	0.044	0.063
WANTCH	3	0.585	3542	0.005	1.49	0.564	0.606
WANTCH	4	0.065	3542	0.010	1.25	0.055	0.075
WANTCH	5	0.194	3542	0.005	1.46	0.178	0.211
NOMORE		0.726	2873	0.012	1.81	0.703	0.750
DIFFGET		0.380	1509	0.020	1.91	0.340	0.420
SIDEEF		0.710	1509	0.010	1.39	0.690	0.730
PARTNER		0.670	1509	0.010	1.08	0.650	0.690
KNOWNOT		0.610	1509	0.020	1.77	0.570	0.640
ALLPOUT	1	0.398	4581	0.012	2.43	0.374	0.421
ALLPOUT	2	0.535	4581	0.012	2.73	0.510	0.561
ALLPOUT	3	0.067	4581	0.005	1.69	0.057	0.077
WANTPG	1	0.400	4581	0.011	2.40	0.376	0.423
WANTPG	2	0.113	4581	0.006	1.53	0.101	0.125
WANTPG	3	0.487	4581	0.013	2.85	0.461	0.513

1993 ROMANIA REPRODUCTIVE HEALTH SURVEY
Household questionnaire

ID NUMBER __ __ __ __

REGION _____   __ __

JUDETE _____   __ __

BASIC CENSUS DISTRICT   __ __ __

HOUSE NUMBER   __ __ __ __

BUILDING NUMBER   __ __ __

FLAT NUMBER   __ __ __

STREET ADDRESS _____

CITY/TOWN/VILLAGE _____

VISIT RECORD

Visit number	1		2		3		4	
	Day	Month	Day	Month	Day	Month	Day	Month
Date of visit	__ __	__ __	__ __	__ __	__ __	__ __	__ __	__ __
Result*	__		__		__		__	
Interviewer	__ __		__ __		__ __		__ __	
Supervisor	__ __		__ __		__ __		__ __	

RESULT CODES
1 Completed interview
2 No eligible females
3 Nobody at home
4 Selected respondent not home
5 Total refusal
6 Refusal by selected respondent
7 Unoccupied house
8 Respondent incompetent_____
9 Other _____
_____

1. How many families live in this household? ___ families

2. How many people normally live in this household ___ ___ people

3. How many females between the ages of 15 and 44 live in this household? ___ females

IF THERE IS NO WOMAN BETWEEN 15 AND 44 YEARS OF AGE, TERMINATE THE INTERVIEW.

IF THERE IS ONE OR MORE WOMEN BETWEEN 15-44 YEARS OF AGE, CONTINUE BELOW.

4. For each of these women could you give me the following information:

Line	First name	Age	Marital status	Education	
				Level	Grade
1	_____	__ __	__	__	__ __
2	_____	__ __	__	__	__ __
3	_____	__ __	__	__	__ __
4	_____	__ __	__	__	__ __
5	_____	__ __	__	__	__ __
6	_____	__ __	__	__	__ __

Marital status: Level:

1 Married   0 No school
2 Consensual Union   1 Primary
3 Separated   2 Secondary
4 Divorced   3 Technical School
5 Widowed   4 University
6 Single   9 Don't know 9
Don't know

RANDOM SELECTION OF RESPONDENT

Number of Women Between 15-44 that Live in the Household

Last Digit of Number on Questionnaire	1	2	3	4	5	6	7	8	9
0	1	2	3	1	2	5	2	8	7
1	1	1	1	2	3	6	3	1	8
2	1	2	2	3	4	1	4	2	9
3	1	1	3	4	5	2	5	3	1
4	1	2	1	1	1	3	6	4	2
5	1	1	2	2	2	4	7	5	3
6	1	2	3	3	3	5	1	6	4
7	1	1	1	4	4	6	2	7	5
8	1	2	2	1	5	1	3	8	6
9	1	1	3	2	1	2	4	1	7

LINE NUMBER OF WOMAN SELECTED FOR INTERVIEW _____

IF YOU ARE NOT SPEAKING TO THE SELECTED WOMAN AND SHE IS NOT AVAILABLE, GET HER FKST NAME AND SCHEDULE A RETURN VISIT.

Return Date: _____ Time: _____

INDIVIDUAL QUESTIONNAIRE

TIME STARTED: __ __ : __ __
ID NUMBER _____ - __
__ __ __ __ - __

I. BACKGROUND CHARACTERISTICS

100.   In what month and year were you born?

Month   __ __

Year 19   __ __

99 Don't know

101.   How old are you (at last birthday)?

__ __ years old
99 Don't know

MAKE SURE THAT AGE AND DATE OF BIRTH CORRESPOND

102.   What is the highest grade in school you successfully completed?

00 Never Attended
1 Primary   1 2 3 4 5 6 7 8   9
2 Secondary   12 3 4 5+   9
3 Technical School   12 3+   9
4 University/Faculty   12 3 5+   9

103.   Do you currently work outside of the home?

1 Yes
2 Yes, but on maternity/pregnancy leave
3 No

104.   Are you currently married, living with someone, separated, divorced, widowed, or have you never been married or in a union?

1 Married   \
2 Consensual Union \
3 Separated   \->GO TO Q.106
4 Divorced   /
5 Widowed   /
6 Never Married ----- > GO TO Q.105

105.   Have you ever been married or lived with a man?

1 Yes--> CORRECT Q.104 AND GO TO Q.106
2 No—>GO TO 200 SERIES

106.   How many times have you been married or lived with a man?
__ times

107.   In what month and year did you begin living with your (first) husband/partner?

Month   — —

Year 19   — —

108.   When you first got married did you wish to have any children?

1 Yes
2 No---------->GOTOQ110
3 Not sure ---->GO TO QUO

109.   How many children did you wish to have when you first got married?
1. 1   7. 4
2. 1-2   8. 5 or more
3. 2   9. As many as God gives
4. 2-3   20. Other:_____
5. 3   88. Was not sure
6. 3-4

110.   What was the highest grade in school that your (last) husband/partner completed?

00 Never Attended
1 Primary   1 2 3 4 5 6 7 8   9
2 Secondary   12 3 4 5+   9
3 Technical School   12 3+   9
4 University/Faculty   1 2 3 4 5+   9
99 Don't know

IF NOT CURRENTLY MARRIED OR LIVING WITH PARTNER, GO TO Q200
111.   How many jobs does your husband have?
0 Does not work
1 One job
2 Two or more

II. FERTILITY/PREGNANCY

200.   Are you currently pregnant?

    1 Yes

    2 No—>GO TOQ201

    3 Not sure— > GO TO Q 201

200A.   How many months pregnant are you now?
    _____ months

200B.   At the time you became pregnant, did you want to become pregnant?

    1 Yes-------->GO TO Q200D
    2 No
    9 Not sure—> GO TO Q200D

200C.   Was it that you wanted to wait longer to become pregnant or that you wanted no more children?

    1 Wanted to wait longer
    2 Wanted no more children 9
    Not sure

200D.   Is this your first pregnancy?

    1 Yes--------->GO TO Q201A
    2 No --------->GO TO Q202
    3 Not sure—>GO TO Q201A

201.   Have you ever been pregnant?

    1 Yes--------->GO TO Q202
    2 No --------->GO TO Q201A
    3 Not sure—>GO TO Q201A

201 A. Have you ever had a miscarriage, an abortion or a stillbirth?

    1 Yes-—>GO TO Q216 (PREGNANCY HISTORY)

    2 No ---- >GO TO FAMILY PLANNING (Q301)

202.   Have you ever had any live-born children?

    1 Yes

    2 No ---- >GO TO Q216 (PREGNANCY HISTORY)

203.   How many living children do you have, including those who do not live with you?
    __ __ children

204.   How many of these are boys? __ __ boys

205.   How many of these are girls? __ __ girls

MAKE SURE THAT THE NUMBER OF BOYS AND GIRLS ADD UP TO THE TOTAL NUMBER OF CHILDREN (Q204 + Q205 =Q203)

206.   Have you ever had any live-born children who later died, including any who lives only a very short time after birth?

    1 Yes

    2 No— >GO TO Q 209

207.   How many boys have died? __ __boys

208.   How many girls have died? __ __ girls

209.   So, altogether you have had _ __ __ (Q203 + Q207 + Q208) live births?

    1 Yes
    2 No—> **PROBE AND CORRECT Q203, Q207, Q208 IF NECESSARY**

210.   How many of your children live with you now? __ children

211.   How many of your children do not live with you now?___ children

DT Q211=0 GO TO PREGNANCY HISTORY

212.   How many live with relatives? __ children

213.   How many live on their own? _ children

214.   How many live in an orphanage (leagan) or in a children's home (Casa de copii), hospital for orphans, center for malnourished children or were adopted?

    ____ Orphanage
    ____ Children's Home
    ____ Hospital for Orphans
    ____ Center for Malnourished Children
    ____ Adopted

215.   What is the main reason that the child/ren does/do not live with you?
    _____

PREGNANCY HISTORY

Now I would like to talk to you about all the pregnancies that you have ever had. Please make sure you include all pregnancies, regardless of when they occurred and regardless of how they ended, whether in a live birth, an abortion, a miscarriage, or a stillbirth. Starting with your **last pregnancy,** please give me the following information:

216	216	217	218	219	220.	221.	222.	223.
	When did this pregnancy end end? (Month & year)	Was this a multiple pregnancy?	How many months months did this pregnancy last?	How did mis pregnancy end?	Was an abortion "on request",terapeutical or provoked?	Was this child a boy or a girl?	Is this child still alive?	At what age did he/she die?
1	Month —— —— Year 19 —— ——	1 2 3=3+ 8=Don't	___ months 0=Don't know 9=9 +	1 Live birth--->Q221 2 Stillbirth—> NEXT PG. 3 Miscarriage- > NEXT PG. 4 Ectopic ....>NEXTPG. 5 Induced abortion- > Q220 6 Current preg.-> NEXT PG.	1 "on request" ab. 2 terapeutical ab. 3 provoked ab. GO TO NEXT PREG.	1 Boy 2 Girl	1 Alive-> NEXT PREG 2 Dead	_____ Days _____ Months _____ Years
2	Month —— —— Year 19 —— ——	1 2 3=3+ 8=Don't	___ months 0=Don't know 9=9 +	1 Live birth--->Q221 2 Stillbirth—> NEXT PG. 3 Miscarriage- > NEXT PG. 4 Ectopic ....>NEXTPG. 5 Induced abortion- > Q220	1 "on request" ab. 2 terapeutical ab. 3 provoked ab. GO TO NEXT PREG.	1 Boy 2 Girl	1 Alive-> NEXT PREG 2 Dead	_____ Days _____ Months _____ Years
3	Month —— —— Year 19 —— ——	1 2 3=3+ 8=Don't	___ months 0=Don't know 9=9 +	1 Live birth--->Q221 2 Stillbirth—> NEXT PG. 3 Miscarriage- > NEXT PG. 4 Ectopic ....>NEXTPG. 5 Induced abortion- > Q220	1 "on request" ab. 2 terapeutical ab. 3 provoked ab. GO TO NEXT PG.	1 Boy 2 Girl	1 Alive-> NEXT PREG 2 Dead	_____ Days _____ Months _____ Years
4	Month —— —— Year 19 —— ——	1 2 3=3+ 8=Don't	___ months 0=Don't know 9=9 +	1 Live birth--->Q221 2 Stillbirth—> NEXT PG. 3 Miscarriage- > NEXT PG. 4 Ectopic ....>NEXTPG. 5 Induced abortion- > Q220	1 "on request" ab. 2 terapeutical ab. 3 provoked ab. GO TO NEXT PG.	1 Boy 2 Girl	1 Alive-> NEXT PREG 2 Dead	_____ Days _____ Months _____ Years
5	Month —— —— Year 19 —— ——	1 2 3=3+ 8=Don't	___ months 0=Don't know 9=9 +	1 Live birth--->Q221 2 Stillbirth—> NEXT PG. 3 Miscarriage- > NEXT PG. 4 Ectopic ....>NEXTPG. 5 Induced abortion- > Q220	1 "on request" ab. 2 terapeutical ab. 3 provoked ab. GO TO NEXT PG.	1 Boy 2 Girl	1 Alive-> NEXT PREG 2 Dead	_____ Days _____ Months _____ Years

AFTER ALL PREGNANCIES WERE FILLED IN:-IF NO PREGNANCIES ENDED SINCE THE BEGINNING OF 1988 GO TO 300 SERIES, PAGE <u>12.</u>
-IF ANY PREGNANCIES ENDED SINCE THE BEGINNING OF 1988 GO TO Q224.

QUESTIONS 224-230 ONLY FOR PREGNANCIES THAT HAVE ENDED IN 1988 OR LATER

	224	225	225A	226	227	228	229	230
COPY LINE # FROM Q216	Thinking back to when you became pregnant that time, did you want to become pregnant?	Was it that you wanted to wait longer to become pregnant or that you wanted no more children?		Did you breastfeed him/her?	Why did you brestfeed? READ THE OPTIONS: YES NO	Are you still breastfeeding?	How many months did you breastfeed?	What was the most important reason that you decided to have an abortion? (CODES BELOW)
___	1 Yes......>Q226 2 No ..... >Q225 3 Not sure- >Q226	1 Wait longer 2 Wanted no more 3 Not sure	1. IF LIVE BIRTH—>Q226 2. IF INDUCED ABORTION—> Q230 3. IF MISCARRIAGE/STILLBIRTH >NEXT PG./Q301(IF LAST PREG) 4 IF CURRENT PREGNANCY-> NEXT PG	1 Yes 2No- >NEXT PG.	A For child health 1 2 B For your health 1 2 C To avoid pg. 1 2 D Economic reason 1 2 E More convenient 1 2	1 Yes->NEXT PG 2 No	___ months-> NEXT PG	— —
___	1 Yes......>Q226 2 No ..... >Q225 3 Not sure- >Q226	1 Wait longer 2 Wanted no more 3 Not sure	1. IF LIVE BIRTH— >Q226 2. IF INDUCED ABORTION- > Q230 3. IF MISCARRIAGE/STILLBIRTH->NEXT PG./Q301(IF LAST PREG)	1 Yes 2No- >NEXT PG.	A For child health 1 2 B For your health 1 2 C To avoid pg. 1 2 D Economic reason 1 2 E More convenient 1 2	1 Yes->NEXT PG 2 No	___ months-> NEXT PG	— —
___	1 Yes......>Q226 2 No ..... >Q225 3 Not sure- >Q226	1 Wait longer 2 Wanted no more 3 Not sure	1. IF LIVE BIRTH— >Q226 2. IF INDUCED ABORTION- > Q230 3. IF MISCARRIAGE/STILLBIRTH->NEXT PG./Q301(IF LAST PREG)	1 Yes 2No- >NEXT PG.	A For child health 1 2 B For your health 1 2 C To avoid pg. 1 2 D Economic reason 1 2 E More convenient 1 2	1 Yes->NEXT PG 2 No	___ months-> NEXT PG	— —
___	1 Yes......>Q226 2 No ..... >Q225 3 Not sure- >Q226	1 Wait longer 2 Wanted no more 3 Not sure	1. IF LIVE BIRTH— >Q226 2. IF INDUCED ABORTION- > Q230 3. IF MISCARRIAGE/STILLBIRTH->NEXT PG./Q301(IF LAST PREG)	1 Yes 2No- >NEXT PG.	A For child health 1 2 B For your health 1 2 C To avoid pg. 1 2 D Economic reason 1 2 E More convenient 1 2	1 Yes->NEXT PG 2 No	___ months-> NEXT PG	— —
___	1 Yes......>Q226 2 No ..... >Q225 3 Not sure- >Q226	1 Wait longer 2 Wanted no more 3 Not sure	1. IF LIVE BIRTH— >Q226 2. IF INDUCED ABORTION- > Q230 3. IF MISCARRIAGE/STILLBIRTH->NEXT PG./Q301(IF LAST PREG)	1 Yes 2No- >NEXT PG.	A For child health 1 2 B For your health 1 2 C To avoid pg. 1 2 D Economic reason 1 2 E More convenient 1 2	1 Yes->NEXT PG 2 No	___ months-> NEXT PG	— —

CODES FOR O230:

1 Delivery dangerous to her health/life	8 Because of her job (risk to loose the job)
2 Fetus diagnosed with defect/high risk of defect	9 Husband/Partner wanted her to have abortion
3 Abortion used as contraceptive method	10 Not married/No partner
4 Had all the children she/they wanted	11 Relationship ended
5 Wanted to wait longer for (next) child	12 Parents wanted her to have an abortion
6 Low income, not enough to raise a (another) child	20 Other (specify)_____
7 House is not suitable for a (another) child	88 Don't know
	99 No response

IF SHE HAD AT LEAST ONE PREGNANCY ENDED IN AN INDUCED ABORTION SINCE January 1988 GO TO ABORTION TABLE NEXT PAGE

231. INTERVIEWER: MARK THE ONE THAT CORRESPONDS (verify Q.219).

1. Respondent has not had an abortion — > GO TO Q300
2. Respondent has had one or more abortions.........> Continue with Q232

Pregnancy nr. from Q216 (#):	1. LAST ABORTION # _____	2. NEXT TO LAST ABORTION # _____	3. PREVIUOS TO 2 # _____	4. PREVIOUS TO 3 # _____
232. Where did you have that abortion?	1 .public hospital 2.private hospital/doctor 3.midwife nurse/doctor house 4.her house & midwife/nurse/doctor 5.her house & friend/relative 6.her house alone 7.other _____ 9.Doesn't answer	1 .public hospital 2.private hospital/doctor 3.midwife nurse/doctor house 4.her house & midwife/nurse/doctor 5.her house & friend/relative 6.her house alone 7.other _____ 9.Doesn't answer	1 .public hospital 2.private hospital/doctor 3.midwife nurse/doctor house 4.her house & midwife/nurse/doctor 5.her house & friend/relative 6.her house alone 7.other _____ 9.Doesn't answer	1 .public hospital 2.private hospital/doctor 3.midwife nurse/doctor house 4.her house & midwife/nurse/doctor 5.her house & friend/relative 6.her house alone 7.other _____ 9.Doesn't answer
233. What method had been used?	l.D&C— >Q226 2.Aspiration— > Q226 3.Histerotomy—>Q226 4.Empirical method 5.Other _____ 9.Don't know/DA	l.D&C— >Q226 2.Aspiration— > Q226 3.Histerotomy—>Q226 4.Empirical method 5.Other _____ 9.Don't know/DA	l.D&C— >Q226 2.Aspiration— > Q226 3.Histerotomy—>Q226 4.Empirical method 5.Other _____ 9.Don't know/DA	l.D&C— >Q226 2.Aspiration— > Q226 3.Histerotomy—>Q226 4.Empirical method 5.Other _____ 9.Don't know/DA
234.Was the abortion followed by aD&C?	1. Yes 2. No 3. Hysterectomy 9. Don't know/DA	1. Yes 2. No 3. Hysterectomy 9. Don't know/DA	1. Yes 2. No 3. Hysterectomy 9. Don't know/DA	1. Yes 2. No 3. Hysterectomy 9. Don't know/DA
235.Just after abortion did you have any complications that needed terapy?	1. Yes 2. No ...... > GOTOQ242 9. Don't Know/NR ....> Q242	1. Yes 2. No—> GO TO Q 242 9. Don't Know/DR	1. Yes 2. No ....> GOTOQ242 9. Don't Know/NR -----> Q242	1. Yes 2. No—> GOTOQ242 9. Don't know NR —-> Q 242
236.What complication was that one?	1.Perforation 2.Hemorragy 3.Prolonged hemorragy(> 1 week) 4.Fever 5.Purulent vaginal discharge 6.Pelvic pain 7.Other	1.Perforation 2.Hemorragy 3.Prolonged hemorragy(> 1 week) 4.Fever 5.Purulent vaginal discharge 6.Pelvic pain 7.Other	1.Perforation 2.Hemorragy 3.Prolonged hemorragy(> 1 week) 4.Fever 5.Purulent vaginal discharge 6.Pelvic pain 7.Other	1.Perforation 2.Hemorragy 3.Prolonged hemorragy(> 1 week) 4.Fever 5.Purulent vaginal discharge 6.Pelvic pain 7.Other
237.Did you spend any nights in the hospital?	l.Yes 2.No—->Q239	l.Yes 2.No—->Q239	l.Yes 2.No—->Q239	l.Yes 2.No—->Q239
238.How many nights did you spend?	___ ___nights 98. Don't know/DR	___ ___nights 98. Don't know/DR	___ ___nights 98. Don't know/DR	___ ___nights 98. Don't know/DR

239. Did you receive blood transfusions?	1. Yes 2. No—>Q241	1. Yes 2. No—>Q241	1. Yes 2. No—>Q231	1. Yes 2. No— >Q241
240. For how many days?	— — days 98. Don't know/DR	— — days 98. Don't know/DR	— — days 98. Don't know/DR	— — days 98. Don't know/DR
241. Did you need a second D&C (for the same abortion)?	1. Yes 2. No 9. Don't know/DR	1. Yes 2. No 9. Don't know/DR	1. Yes 2. No 9. Don't know/DR	1. Yes 2. No 9. Don't know/DR
242.Did you receive antibiotics?	1. Yes 2. No—> Q244 9. Don't know/DR-->Q244	1. Yes 2. No—> Q244 9. Don't know/DR-->Q244	1. Yes 2. No—> Q234 9. Don't know/DR->Q234	1. Yes 2. No—> Q244 9. Don't know/DR->Q244
243.For how many days?	— — days 98. Don't know/DR	— — days 98. Don't know/DR	— — days 98. Don't know/DR	— — days 98. Don't know/DR
244. Did you had any health problem after this abortion(after at least 6 months)?	1. Yes 2. No-> GOTOQ246 3. Did not pass 6 month-> Q246 9. Don't know/DA->GO TO Q246	1. Yes 2. No-> GOTOQ246 3. Did not pass 6 month-> Q246 9. Don't know/DA->GO TO Q246	1. Yes 2. No-> GOTOQ246 3. Did not pass 6 month-> Q246 9. Don't know/DA->GO TO Q246	1. Yes 2. No-> GOTOQ246 3. Did not pass 6 month-> Q246 9. Don't know/DA->GO TO Q246
245. What was the most important you were left?	1. Pelvic pain 2. Sterility 3. Infection 4. Lock of menstruation 5. Irregular bleeding 7. Other_____ (specify)	1. Pelvic pain 2. Sterility 3. Infection 4. Lock of menstruation 5. Irregular bleeding 7. Other_____ (specify)	1. Pelvic pain 2. Sterility 3. Infection 4. Lock of menstruation 5. Irregular bleeding 7. Other_____ (specify)	1. Pelvic pain 2. Sterility 3. Infection 4. Lock of menstruation 5. Irregular bleeding 7. Other_____ (specify)
246. What was the attitude of the child's father toward your having this abortion?	1. Favored 2. Neutral 3. Opposed 4. Didn't know about it 5. Other_____ 9. Don't know/don't answer	1. Favored 2. Neutral 3. Opposed 4. Didn't know about it 5. Other_____ 9. Don't know/don't answer	1. Favored 2. Neutral 3. Opposed 4. Didn't know about it 5. Other_____ 9. Don't know/don't answer	1. Favored 2. Neutral 3. Opposed 4. Didn't know about it 5. Other_____ 9. Don't know/don't answer

III FAMILY PLANNING

For each of the following methods of preventing pregnancy, please tell me:

METHOD	300. Have you ever heard of it?	301. Have you ever used it?	302. Do you know where to get it?	303. From whom did you hear about it? (SEE CODES BELOW)
A. Pills	1 Yes-->Q301 2 No -->B	1 Yes--->Q303 2 No---->Q302	1 Yes\ 2 No /Q303	— —
B. IUD	1 Yes-->Q301 2 No— >C	1 Yes--->Q303 2 No---->Q302	1 Yes\ 2 No /Q303	— —
C. Condoms	1 Yes-->Q301 2 No-- >D	1 Yes--->Q303 2 No---->Q302	1 Yes\ 2 No /Q303	— —
D. Foam/Jelly/ Cream	1 Yes-->Q301 2 No-- >E	1 Yes--->Q303 2 No---->Q302	1 Yes\ 2 No /Q303	— —
E. Diaphragm	1 Yes-->Q301 2 No-- >F	1 Yes--->Q303 2 No---->Q302	1 Yes\ 2 No /Q303	— —
F. Female Sterilization	1 Yes-->Q301 2 No-- >G	1 Yes--->Q303 2 No---->Q302	1 Yes\ 2 No /Q303	— —
G. Male Sterilization (Vasectomy)	1 Yes->Q301 2 No-- >H	1 Yes--->Q303 2 No---->Q302	1 Yes\ 2 No /Q303	— —
H. Injectable methods	1 Yes-->Q301 2 No-- >I	1 Yes--->Q303 2 No---->Q302	1 Yes\ 2 No /Q303	— —
I. Fertile days method (Rhythm/Calendar)	1 Yes-->Q301 2 No-- >J	1 Yes\ 2 No /Q303		— —
J. Withdrawal	1 Yes->Q301 2 No-- >J	1 Yes\ 2 No /O303		— —
K. Other	1 Yes-->Q301 2 No-- >Q304	1 Yes\ 2 No /Q303		— —

CODES FOR Q.303:

1. Mother	7. Nurse
2. Relative	8. Partner
3. Girlfriend	9. Media
4. Neighbor	20. Other (specify):
5. Other user	98. Don't remember

304. **RECORD WHETHER RESPONDENT REPORTS HAVING USED ANY METHOD (ANY ANSWER=1 FOR Q301)**

    1 Never used—> GO TO Q305

    2 Ever used—>GO TO Q306

305. So, you have never used any of the methods of preventing pregnancy that mentioned with any partner?

    1 Never used-- > GO TO Q335 ON PAGE

    2 Ever used—> CORRECT Q301 AND GOTO Q306

306. Are you (or your partner) currently using any method or doing anything to prevent pregnancy?

    1 Yes

    2 No—>GO TOQ321

307. What method are you using?

    1 Pills ------------>GO TO Q309
    2 IUD ------------>GO TO Q309
    3 Condoms ------- >GO TO Q310
    4 Foam/Jelly/Cream > GO TO Q309
    5 Diaphragm -——>GO TO Q309
    6 Tubal ligation—>GO TO Q308
    7 Vasectomy------ >GO TO Q308
    8 Injection ------->GO TO Q309
    9 Calendar Method—> GO TO Q309
    10 Withdrawal —> GO to Q309
    11 Withdrawal and calendar method ------- >GO to Q309
    12 Condoms + Foam/Jelly ------------------ >GO TOQ310

    13 Condoms + calendar method------------ >GO to Q310
    14 Other combination -------------------->GO TO Q309
    20 Other----------------------------->GO to Q309

308. In what month and year was this operation performed?

    Month __ __   99 Don't remember

    Year 19 __ __

309. Do you and your partner ever use a condom in addition to the method you are using?

    1 Yes
    2 No

IF STERDLIZATION USER GO TO Q324
IF NATURAL METHODS USER (Q307 = 9, 10, 11) GO TO Q313

310. Where do (did) you get your family planning method?

    1 Regional/District Dispensary
    2 Polyclinic
    3 Hospital
    4 Private practice physician/clinic
    5 Pharmacy
    6 SECS clinic
    7 Open market
    8 Don't know
    20 Other (specify): _____

311. Do (Did) you pay for this method?

    1 Yes

    2 No- ----------- >GO TOQ.313

312. How much did you pay?

    __ __ __ __ Lei
    8888= Does not remember

313. Would you prefer to use a different method of family planning from the one you are currently using?

    1 Yes
    2 No—>GO TOQ316

314. What method would you prefer to use?

    1 Pills
    2 IUD
    3 Condom
    4 Foam/Jelly/Cream
    5 Diaphragm
    6 Female sterilization
    7 Male sterilization
    8 Injectables
    9 Calendar Method
    10 Withdrawal
    11 Withdrawal and calendar
    12 Condom and local method
    13 Condom and calendar method
    14 Any method ----- >GO TO 316
    20 Other:_____
    88 Not sure ------->GO TO Q316

315. What is the most important reason that you do not use that method?

1 Doctor will not prescribe it
2 Cost
3 Not available/Unreliable supplies/Difficult access
4 Too far away
5 Do not know how to obtain it
6 Husband objects to it
7 Religious reasons
8 Fear of side effects
9 Has not yet made up her mind
20 Other _____
88 Don't know

316. Who would you like to advise you about the method you prefer to use?

1 Doctor - OB/GYN
2 Doctor - General M.D.
3 Nurse/midwife
4 Pharmacist
5 Mother
6 Friend/relative
7 Partner
8 User of contraception
20 Other: _____
88 Don't know

IF USING WITHDRAWAL, CALENDAR, OR OTHER NATURAL METHOD (Q307=9,10,11,), CONTINUE WITH Q317; USERS OF OTHER METHODS, GO TO Q319.

317. You said that you are now using _____ to avoid becoming pregnant, rather than a method you might obtain from a doctor, health facility, or pharmacy. Please tell me whether each of the following was very important, somewhat important, or not important at all in your decision to use this method:
(FILL IN THE METHOD USED)

	Very Important	Somewhat Important	Not Important	Not Sure
A. Difficult to get these methods	1	2	3	8
B. Cost of these methods	1	2	3	8
C. Little knowledge of these methods	1	2	3	8
D. Health /Side effects	1	2	3	8
E. Husband/Partner preference	1	2	3	8
F. Religious beliefs	1	2	3	8
G. Doctor's recommendation	1	2	3	8

318. How effective at preventing pregnancies do you think _____ (FILL IN THE METHOD USED) is compared to modern methods, like the pill or the IUD? (READ CHOICES 1-3)

1 Current method more effective
2 About equally effective
3 Current method less effective
8 Don't know/Not sure

319. Do you have any problems or concerns with using_____ ?
(FILL IN THE METHOD USED)

1 Yes

2 No— >GO TO Q321

320. What is the most important problem?

1 Side effects
2 Health concerns
3 Access/Availability
4 Cost
5 Sometimes forget to use
6 Sometimes difficult/inconvenient to use
7 Husband disapproves
8 Less effective method
20 Other_____

321. Do you plan to have any (more) children?

1 Yes
2 No---- >GOTOQ324
8 Not sure-—>GO TO Q325

322. How many (more) do you plan to have?

__ __ children

66=As many as possible
77=Up to God/Fate, etc.
88=Notsure

323. When do you think you would like to become pregnant?

1 Within 1 year
2 In 1-2 years
3 In 3-5 years
4 In more than 5 years
5 When I get married
8 Not sure

324. Have you delayed having a(nother) child mainly because of your economic situation?

1 Yes
2 No
8 Not sure

325. Think back to when you first started using a method to prevent pregnancy. What method was it?

1 Pills
2 IUD
3 Condom
4 Foam/Jelly/Cream
5 Diaphragm
6 Female sterilization
7 Male sterilization
8 Injectables
9 Calendar Method
10 Withdrawal
11 Withdrawal and calendar
12 Condom and local method
13 Condom and calendar method
14 Other combination
20 Other: _____
88 Not sure

326. How many living children did you have at that time?

__ __ children

327. How old were you at that time?

__ __ years old

328. CURRENTLY USES OR USED CONDOMS
(Q303C = 1 OR Q307=3 or Q309=l)

1 YES—>GO TOQ330

2 NO

329. Have you and any partner ever used condoms during your lifetime?

1 Yes
2 No—>GO TOQ331
8 Don't remember-—> GO TO Q331

330. Why did (do) you and your partner use condoms?
(READ CHOICES 1 - 4)

1 To prevent pregnancy
2 To prevent sexually transmitted diseases
3 To prevent HIV/AIDS
4 To prevent pregnancy and disease
8 Don't know/Don't remember

GO TO Q.332

331. Why did you and your partner(s) have never used condoms?

1 Partner(s) didn't like them
2 Have only one partner
3 Preventing pregnancy is woman's responsibility
4 They dimimsh pleasure/spontaneity
5 Not effective at preventing pregnancy
6 It's a "bad" thing for you
7 Has never thought about it
8 Psychological resistance
9 Withdrawal
20 Other_____
88 Don't How

332. **CONTRACEPTIVE METHODS USED/PREGNANCY OUTCOMES CALENDAR**

COLUMN 1

PREGNANCY OUTCOME
1 Pregnant now
2 Live birth
3 Stillbirth
4 Induced abortion
5 Miscarriage
6 Ectopic pregnancy

COLUMN 2
METHOD USED
0   No method
1   Pills
2   IUD
3   Condoms
4   Local spermicides
5   Diaphragm
6   Tubal Ligation
7   Vasectomy
8   Injectables
9   Calendar method
10 Withdrawal
11 Withdrawal + calendar method
12 Condoms + local spermicides
13 Condoms + calendar method
20 Other _____
88 Don't remember

COLUMN 3
REASON SHE STOPPED USE
1   Became pregnant on method
2   Stopped to become pregnant
3   Husband no longer agreed
4   Side effects
5   Fear of developing side effects
6   Stopped to "rest the body"
7   Doctor's advice
8   Method no longer available
9   Inconvenient to use
10 Split up with husband/part.

20 Other _____

88 Don't remember

DATE	1	2	3		DATE	1	2	3
1988					1991			
Jan 1					Jan 1			
Feb 2					Feb 2			
Mar 3					Mar 3			
Apr 4					Apr 4			
May 5					May 5			
Jun 6					Jun 6			
Jul 7					Jul 7			
Aug 8					Aug 8			
Sep 9					Sep 9			
Oct 10					Oct 10			
Nov 11					Nov 11			
Dec 12					Dec 12			
1989					1992			
Jan 1					Jan 1			
Feb 2					Feb 2			
Mar 3					Mar 3			
Apr 4					Apr 4			
May 5					May 5			
Jun 6					Jun 6			
Jul 7					Jul 7			
Aug 8					Aug 8			
Sep 9					Sep 9			
Oct 10					Oct 10			
Nov 11					Nov 11			
Dec 12					Dec 12			
Jan 1					Jan 1			
1990					1993			
Feb 2					Feb 2			
Mar 3					Mar 3			
Apr 4					Apr 4			
May 5					May 5			
Jun 6					Jun 6			
Jul 7					Jul 7			
Aug 8					Aug 8			
Sep 9					Sep 9			
Oct 10					Oct 10			
Nov 11					Nov 11			
Dec 12					Dec 12			

IF NOT USING A CONTRACEPTIVE METHOD IN JANUARY 1988, GO TO Q334

333. You said you were using _____ in January of 1988. When did you start using that method?

    Month __ __

    Year 19 __ __

334. CURRENTLY USING A FAMILY PLANNING METHOD

    1. Yes------ > Go to Q.345
    2. No--------- > Go to Q.335

335. Do you think you are able to get pregnant at the present time?

    1 Yes—> GO TOQ337
    2 No—>GO TOQ336
    3 Not sure—>GO TO Q336
    4 Currently pregnant— > Q337

336. Why not?

    1 Menopause/Too old to get pregnant   \
    2 Has had an operation for medical reasons \
       that makes pregnancy impossible   \
    3 Husband/partner had a medical operation   \
    4 Has tried to get pregnant for   -->GO TO Q400
       at least 2 years, or did not get pregnant /
       in spite of not using contraception   /
       in the last 2 years   /
    5 Doctor says she or partner is infertile   /
    6 Not sexually active------------------- >GO TO Q337
    7 Postpartum/Breastfeeding ----------- >GO TO Q337
    8 Other (specify):---------------------->GO TO Q337

337. Do you plan to have any (more) children (after this pregnancy)?

    1 Yes
    2 No --------------------------------->GO TO Q341
    3 Not sure---------------------------->GO TO Q341

338. How many (more) children do you plan to have?

            children
    __ __

    66=As many as possible
    77=Up to God/Fate, etc.
    88=Not sure

339. Are you trying to become pregnant now?

    1 Yes ------------------------------ >GO TOQ345
    2 No
    3 Not sure
    4 Currently pregnant----------------- > GO to Q345

340. When do you think you would like to become pregnant?

    1 Within 1 year
    2 In 1-2 years
    3 In 3-5 years
    4 In more than 5 years
    7 When I get married
    8 Not sure

341. What is the most important reason you are not using a method to avoid pregnancy now?

    1 Not sexually active/No partner-----> GO to Q345
    2 Wants to become pregnant -------- > Go to Q345
    3 Currently pregnant ---------------- > GO to Q345
    4 Difficulty getting pregnant -------- > GO to Q345
    5 Breastfeeding/Postpartum ---------> GO to Q345
    6 Virgin-------------------------------> GO to Q500
    7 Fear of side effects/health effects
    8 Previously had side effects/health problems
    9 Husband/Partner objects
    10 Doctor won't prescribe method
    11 Desired method not available/difficult to get
    12 Too expensive
    13 Don't know where to get method
    14 Religious reasons
    15 Prefer abortion
    16 Haven't bothered, but would like to use method
    17 Too old
    18 Only occasionally sexually active
    20 Other (specify): _____

342. Do you want to use a contraceptive method now?

    1 Yes
    2 No-------------------------------> GO TO Q.345
    8 Don't know ----------------------> GO TO Q.345

343. What method would you most prefer to use?

    1 Pill   9 Calendar Method
    2 IUD   10 Withdrawal
    3 Condoms   11 Withdrawal and Calendar Method
    4 Form/Jelly/Cream   12 Condom and local method
    5 Diaphragm   13 Condom and Calendar Method
    6 Female Sterilization 14 Any method
    7 Male Sterilization   20 Other: _____
    8 Injectables   88 Not sure

344. Who would you like to advise you about the method you most prefer to use?

1 Doctor - OB/GYN
2 Doctor - general practitioner
3 Nurse/midwife
4 Pharmacist
5 Mama
6 Friend/relative
7 User of contraception
8 Partner
20 Other: _____
88 Don't know

345. **PLANS TO HAVE MORE CHILDREN**

1 YES (Q321 = 1 OR Q337=l)
2 NO (Q321=2 OR Q337=2) ------------ >GO TO Q347
3 NOT SURE (Q321=3 OR Q337=3)

346. After you have all the children you want do you think you will be interested in having an operation to prevent you from having any more children?

1 Yes---------- >GO TO Q349
2 No------------>GO TO Q348
3 Not sure ----->GO TO Q349

347. Are you interested in having an operation to prevent you from having any more children?

1 Yes---------->GO TO Q349
2 No
3 Not sure-—>GO TO Q349

348. What is the most important reason you wouldn't be/are not interested?
1   Health risks/fear of side effects
2   Fear of operation
3   Too young
4   Approaching menopause
5   Will take away sexual pleasure
6   Husband would object
7   Religious reasons
8   Not culturally acceptable
9   Cost/inconvenience of an operation
10 Might want another child
11 Doesn't know enough about /never heard of sterilization
12 Haven't thought about it
13 Not sexually active
20 Other_____
88 Don't know

349. In the past three years have you ever unsuccessfully tried to get birth control pills?

1 Yes
2 No------------------>GOTOQ351
3 Never tried --------- > GO TO Q351

350. What was the reason you were unable to get them?

1 Physician refused because of health/side effects
2 Physician refused because of age
3 Physician refused because of marital status
4 Physician refused, other _____
5 Pills unavailable/out of stock
6 Cost
7 Did not have time to get them
8 It's a difficult decision
20 Other (specify)_____
88 Don't remember

351. In the past three years have you ever unsuccessfully tried to get an IUD?

1 Yes
2 No---------------->GO TO Q400
3 Never tried ------> GO TO Q400

352. What was the reason you were unable to get it?

1 Physician refused because of health/side effects
2 Physician refused because of age
3 Physician refused because of marital status
4 Physician refused, other _____
5 Pills unavailable/out of stock
6 Cost
7 Don't have time to get it
8 It's a difficult decision
9 Complicated procedure
20 Other (specify): _____
88 Don't remember

IV. MATERNAL-CHILD HEALTH

THE FOLLOWING QUESTIONS DEAL WITH THE MOST RECENT
PREGNANCY RESULTED IN A LIVE BIRTH SINCE JANUARY 1988
IF NO LIVE BIRTHS SINCE JANUARY 1988, GO TO Q500

400.   Which of the following best describes your reaction to your most
        recent pregnancy? READ CHOICES)

        1   Were you immediately happy about it,
        2   Did you accept it in the first 3 months of pregnancy,
        3   Did you accept it after the first 3 months of pregnancy
        4   Did you accept it eventually after the birth
        5   Were you never able to accept it
        8   Don't know

401.   Which of the following best describes the father's reaction to that
        pregnancy? (READ CHOICES)

        1   Immediately happy about it
        2   Accepted it in the first 3 months of pregnancy,
        3   Accepted it after the first 3 months of pregnancy
        4   Accepted it after the birth,
        5. Was never able to accept it/refused to become involved, or
        6. Did not know about pregnancy 8
        Don't know

402.   Did your job during that pregnancy involve much physical work, a
        moderate amount, or only a little?

        1   Much physical work
        2   A moderate amount
        3   Little or no physical work
        4   Did not work ----- >GO TO Q412

403.   Did your job during that pregnancy involve much standing, a
        moderate amount of standing, or little standing?

        1   Much standing
        2   Moderate standing
        3   Little standing

404.   Did you have a reduced number of hours at your work? (at least 2
        hours less work)?

        1   Yes

        2   No

405.   Did your request a reduced number of hours?

        1   Yes

        2   No

406.   Were you already working during the day, did you continue
        working on a night shift, or did you have a night shift changed to a
        day or afternoon shift?

        1   Already working day/afternoon shift (GO TO Q.408)
        2   Shifted form night to day/afternoon shift (GO TO Q.408)
        3   Continued working on night shift

407.   Did you request a change from your night shift to day/afternoon
        shift?

        1   Yes

        2   No

408.   Did you take maternity leave?

        1   Yes

        2   No---------------------->Go ToQ.411

409.   At what week of your pregnancy did you begin your maternity
        leave?
        ___ ___ weeks
        55 = After the baby was born

410.   How many months of leave did you take?

        ___ __ months 88
        Don't remember

                         GO TO Q412

411.   Why not? _____

412.   Did you receive any prenatal care from a doctor, nurse, or midwife
        for that pregnancy?

        1   Yes

        2   No------------------>GO TO Q426

413.   How many months pregnant were you when you made your first
        prenatal visit?

         _____ months

414.   How many prenatal visits did you make during that pregnancy?

        ___ ___ visits
        66=As many as doctor/midwife/nurse said to have
        77=Don't remember, but was definitely at least 10
        88=Don't remember

415. Where did you receive your prenatal care? (READ ALL OPTIONS)

	YES	NO
A Local Dispensary Dispensary	1	2
B Polyclinic	1	2
C Hospital	1	2
D Factory/Dispensary	1	2
E Private clinic/office	1	2
F Home	1	2

416. Whom did you see? (READ ALL OPTIONS)

	YES	NO
A General practitioner	1	2
B Obstetrician Gynecologist	1	2
C Midwife/Nurse	1	2

416A. Who provided the most care?

1 General Physician
2 Gynecologist
3 Midwife/Nurse
4 Physician, Gynecologist an midwife equally
8 Do not remember

417. How many minutes did it take you, on average, to reach the place where you received the most prenatal care?

— — minutes
000=At home/At factory
888=Don't remember

418. Were you given an antenatal book? (Like this one)

1 Yes
2 No
8 Don't remember

419. During your pregnancy, did any doctor or midwife talk to you about:

	YES	NO
A Nutrition	1	2
B Smoking during pregnancy	1	2
C Drinking Alcohol	1	2
D Rest and Exercise	1	2
E Changes in your body related to pregnancy	1	2
F Breastfeeding	1	2
G Delivery	1	2

420. Do you feel that you received enough information regarding your pregnancy from those providing your care?

1 Yes
2 No
8 Don't know

421. Do you feel that you get good care at your local clinic/polyclinic during antenatal visits?

1 Yes------------------>GOTOQ423
2 No

422. Why Not? (Most important reason)

_____

423. During your last pregnancy did a doctor (or midwife?) ever tell you to remain in bed/stay off your feet for one or more weeks because of some problem related to your pregnancy?

1 Yes
2 No-------------------->GO TOQ425

424. Altogether, how long did you stay in bed because of this problem during that pregnancy?

— — weeks (01 = 1 week or less)

425. Did you take any iron supplement during your pregnancy?

1 Yes
2 No
8 Don't Know

426. During your last pregnancy were you ever hospitalized because of any problem related to your pregnancy?

1 Yes
2 No-------------------->GO TOQ429

427. Altogether, how many days were you hospitalized because of this problem during that pregnancy?

— — days

428. Were any of the following conditions the reason you were hospitalized? (READ EACH CONDITION)

	YES	NO	DK
A. Threatened miscarriage	1	2	8
B. Vaginal bleeding in first half of pregnancy	1	2	8
C. Vaginal bleeding in 2nd half of pregnancy	1	2	8
D. High blood pressure before pregnancy	1	2	8
E. High blood pressure related to pregnancy	1	2	8
F. Diabetes	1	2	8
G. Vomiting/dehydration_____	1	2	8
H. Uterine contractions, false labor _____	1	2	8
I. Swollen ankles, water retention, edema ___	1	2	8
J. Twins _____	1	2	8
K. Other (specify) _____	1	2	8

429. Did you ever get weighed while you were pregnant?

1 Yes
2 No ----------------- > GO TO Q.431
8 Don't remember —> GO TO Q.431

430. How much weight did you gain from the beginning of your pregnancy to the time of delivery?

_____ kg.
88 Don't know

431. Did you smoke cigarettes just before you became pregnant?

1 Yes
2 No ---------------- >GOTOQ436

432. Did you continue to smoke cigarettes during that pregnancy or did you quit smoking?

1 Yes
2 No ----------------- >GOTOQ434

433. About how many cigarettes did you smoke each day, on average, during that pregnancy? (ONE PACK=20 CIGARETTES)

__ __ cigarettes
77=Less than 1 per day
88=Don't remember

GO TO Q436

434. How many month pregnant were you when you stopped smoking?

__ __ months
88=Don't remember

435. What was the main reason for quitting smoking during this pregnancy?

1 Nausea or vomiting
2 Cigarettes didn't taste good
3 Smoking would be bad for the baby
4 Smoking would be bad for her own health
5 Cost of cigarettes
6 Advice from relatives or friends to quit
7 Advice from doctors, midwife, nurse to quit
8 Other reason (specify)_____

436. How much did your last baby weigh when he/she was born?

__ __ __ __ grams -----------------> GO TO Q438
8888=Don't know/Don't remember------- >GO TO Q437

437. Do you remember if he/she weighed less than 2500 grams or was considered to be low birth weight?

1 Yes (<2500 grams/low birth weight)
2 No
8 Don't remember/Don't know

438. Was your last delivery vaginal, with forceps or cesarean?

1 Vaginal
2 Forceps
3 Cesarean

439. Who would you have wanted to be present at your delivery? (READ CHOICES)

1 Your husband/partner
2 Your mother
3 Other person (specify) _____
4 Only professional staff

439. What was your biggest problem the first week after delivery?

1 Health/Care of the child
2 Breastfeeding
3 Her own health
4 Behavior of professional staff
5 Hospital environment
6. Lack of comfort, hygiene
7 Hospital's meals
8 Lack of contact with family (visiting schedule)
20 Other (specify) _____
77 No important problems
88 Don't remember

V. YOUNG ADULT MODULE

500.   AGE OF RESPONDENT

   1 AGE 15-24—-> CONTINUE WITH Q501
   2 AGE 25-44—>GO TO Q521 ON PAGE 40

501.   In what month and year did you first have sexual relations?

   Month ____   Year 19 ____ ____
   00 = Never had sexual relations--- >GO TO Q518
   88 = Don't remember
   99 = No response

502.   How old were you at that time?

   ___ ___ years
   88=Don't remember

503.   At that time what was your relationship to your first partner?

   1 Husband
   2 Engaged to be married
   3 Boyfriend
   4 Friend
   5 Rape/Incest—>GO TO Q511
   6 Other_____
   9 No response

504.   How old was your first partner?

   ___ ___ years
   88=Don't know/Don't remember
   99=No response

505.   Where did you first have sexual relations?

   1 Your house
   2 His house
   3 House of friend
   4 Hotel
   5 School
   6 Camping/Outdoors
   7 Other _____
   9 No response

506.   How long were you and your first partner dating when you first had sexual relations?
   ___ ___ months
   00= First time we met   88=Don't remember
   61 =More than five years   99=no response
   77=Other _____

507.   Did you or your partner use a method to prevent pregnancy at that time?

   1 Yes
   2 No—>GO TOQ510
   8 Don't remember/Don't know—>GO TO Q511

508.   What method?

   1 Pills
   2 IUD
   3 Condoms
   4 Foam/Jelly/Cream
   5 Diaphragm
   6 Tubal ligation
   7 Vasectomy
   8 Injectables
   9 Calendar Method
   10 Withdrawal
   11 Withdrawal and calendar
   12 Condom and local method
   13 Condom and calendar method
   14 Other combination
   20 Other:_____
   88 Not sure

509.   Who took the initiative to use (this method of contraception)?

   1 You
   2 Partner
   3 Both
   8 Don't remember

GO TO Q511

510.   Why didn't you or your partner use a contraceptive method?

   1 Did not expect to have sex
   2 Did not know any methods
   3 Wanted to get pregnant
   4 Health concerns about contraception
   5 Wanted to use, but didn't have any
   6 Didn't think she could get pregnant
   20 Other _____
   88 Don't know/Don't remember

511.   **RESPONDENT EVER PREGNANT**
   1 Yes(Q200=1 OR 201 = 1)
   2 No (Q201=2)—>GOTOQ520

512.   How old were you when you became pregnant for the first time?
   ___ ___ Years

513. Who were you living with when you first became pregnant?

1 Husband/Partner—-> GO TO Q518
2 Mother and father
3 Mother or father only
4 Grandparents only
5 Other relatives
6 Friends
7 Alone
8 Other:_____
9 Don't remember

514. When you became pregnant the first time, what was your relationship to the father?

1 Engaged to be married
2 Boy friend
3 Friend
4 Casual acquaintance/Just met
5 Was raped/Incest ----->GO TO Q518
6 Other_____
9 No response

515. What was the attitude of your partner when he learned of your pregnancy?

1 Both wanted to get married
2 Only he wanted to get married
3 Wanted you to get an abortion
4 Accepted pregnancy, but did not want to get married
5 He did not know of pregnancy---------- >GO TO Q517
7 Other_____
8 Don't know

516. Did you marry or go live with him?

1 Yes
2 No

517. What was the attitude of your family when they learned of the pregnancy?

1 Wanted you to get married
2 Insisted that you get married
3 Wanted you to get an abortion
4 Accepted the pregnancy without marriage
5 They didn't interfere
6 They did not know about pregnancy
7 Other _____
8 Don't know

518. Did you ever talk to your mother about what method of preventing pregnancy she was using?

I Yes
2. No --------- GO TO Q.520

519. What method was she using (last time you talked to her about it)?

0 Was not using
1 Pills
2 IUD
3 Condoms
4 Foam/Jelly/Cream
5 Diaphragm
6 Tubal ligation
7 Vasectomy
8 Calendar method
9 Other NFP
10 Withdrawal
11 Combination_____
20 Other _____
88 Don't know/Don't remember

520. Did she ever talk to you about the use of pregnancy prevention methods?

1 Yes

2 No

GO TO Q600

521. How old were you when you had your first sexual relation?

Month _ __ __   Year _ __ __
00 Never had sexual relation
88 Don't remember

VI. WOMEN'S HEALTH

600.   RESPONDENT SEXUALLY EXPERIENCED
         (SEE Q501 AND Q521)

   1 Yes

   2 No---------------- > GO to Q605

601.   How old were you when you had your first sexual relation?

   __ __ year old

   99 Don't remember

602.   Have you had sexual relations in the last 30 days?

   1 Yes

   2 No-------------- >GO TO Q604

   3 No response —> GO TO Q604

603.   How many times?
   __ __ __times
   88 Don't remember
   99 No response

604.   How long has it been since you last had sexual relations?

   1 __ __ days   888 Don't remember
   2 __ __ weeks   999 No response
   3 __ __ months
   4 __ __ years

605.   How often do you go for regular (not pregnancy related)
         gynecologic exams?

   1 At least once per year ----->GO TO Q607
   2 Every 1-2 years
   3 Every 3-5 years
   4 Less than every 5 years
   5 Never
   6 Only once

606.   What is the main reason you go less often than once a year?

   1 Doesn't feel it is necessary to go that often
   2 She is healthy/doesn't have gynecologic problem
   3 Doesn't have the time
   4 She forgets about it
   5 Doesn't like gyn. exams
   6 Hard to get appointments
   7 Doesn't like facilities
   8 Doesn't like staff
   9 Waiting time is too long
   10 Doctor did not recommend
   20 Other (specify)_____

607.   Have your ever had a pap smear?

   1 Yes
   2 No   ---------------- >GOTOQ610
   9 Don't know -----------> GO TO Q610

608.   How often do you have a pap smear?

   1 At least once per year — > GO TO Q.610
   2 Every 1-2 years
   3 Every 3-5 years
   4 Less than every 5 years
   8 Don't remember

609.   When did you have your last pap smear?

   1 Last year
   2 1-2 years ago
   3 2-3 years ago
   4 More than 3 years ago
   8 Don't remember

610.   Have you heard about breast self-examinations?

   1 Yes

   2 No------------------>GO TO Q613

611.   Do you ever do breast self-examinations?

   1 Yes

   2 No------------------>GO TOQ.613

612. How often do you do it, on average?

1 Once a month/After menstruation
2 Every 2-5 months
3 Every 6-11 months
4 Once per year or less

613. Have you ever been told that you have high blood pressure?

1 Yes
2 No...........................> GOTOQ.616

614. Have you been told that you have high blood pressure only one time or more than once?

1 Once

2 More than once

615. Are you taking medicine for high blood pressure?

1 Yes

2 Supposed to be taking, but is not

3 No

616. Have you smoked at least 100 cigarettes during your life?

1 Yes

2 No----------> GO TO Q619

617. Do you currently smoke?

1 Yes
2 No---------->GO TO Q619

618. How many cigarettes do you smoke per day, on average?
 (1 PACK=20 CIGARETTES)
 ___ ___ cigarettes

619. Do you have now or have you had in the past any sisters ?

1 Yes
2 No---------> GO TO Q700

620. Now I would like to ask you some questions about your sisters from the same mother. Please notice that I am referring only to your sisters that also are daughters of your mother.

How many sisters do (did) you have?_____
9 Don't know

620A. Please tell me the names of all your sisters including those who have already died and those who are living in other parts. We will start with the oldest:

620A. Name	621. Is (NAME) alive today?	622. How old is (NAME)?	623. How many years ago did (NAME) die?	624. How old was she when she died? (IF SHE WAS < 12 OR >49YEARS, GO TO NEXT SISTER)	625. Did she die during a childbirth or pregnancy?	626. Did (NAME) die within 6 six weeks after delivery or after the end of pregnancy?	627. How many children did SHE have during her whole life?
1 _____	1 Yes-->Q622 2 No—>Q623 8 Don't know	88 "Don't know GO TO NEXT SISTER Q.620A	_____ years < 1 yr: 00	_____ years 88 "Don't know	1 Yes-->Q627 2 No—>Q626	1 Yes 2 No	_____ children 98 "Don't know
2 _____	1 Yes-->Q622 2 No—>Q623 8 Don't know	88 "Don't know GO TO NEXT SISTER Q.620A	_____ years < 1 yr: 00	_____ years 88 "Don't know	1 Yes-->Q627 2 No—>Q626	1 Yes 2 No	_____ children 98 "Don't know
3 _____	1 Yes-->Q622 2 No—>Q623 8 Don't know	88 "Don't know GO TO NEXT SISTER Q.620A	_____ years < 1 yr: 00	_____ years 88 "Don't know	1 Yes-->Q627 2 No—>Q626	1 Yes 2 No	_____ children 98 "Don't know
4 _____	1 Yes-->Q622 2 No—>Q623 8 Don't know	88 "Don't know GO TO NEXT SISTER Q.620A	_____ years < 1 yr: 00	_____ years 88 "Don't know	1 Yes-->Q627 2 No—>Q626	1 Yes 2 No	_____ children 98 "Don't know
5 _____	1 Yes-->Q622 2 No—>Q623 8 Don't know	88 "Don't know GO TO NEXT SISTER Q.620A	_____ years < 1 yr: 00	_____ years 88 "Don't know	1 Yes-->Q627 2 No—>Q626	1 Yes 2 No	_____ children 98 "Don't know
6 _____	1 Yes-->Q622 2 No—>Q623 8 Don't know	88 "Don't know GO TO NEXT SISTER Q.620A	_____ years < 1 yr: 00	_____ years 88 "Don't know	1 Yes-->Q627 2 No—>Q626	1 Yes 2 No	_____ children 98 "Don't know
7 _____	1 Yes-->Q622 2 No—>Q623 8 Don't know	88 "Don't know GO TO NEXT SISTER Q.620A	_____ years < 1 yr: 00	_____ years 88 "Don't know	1 Yes-->Q627 2 No—>Q626	1 Yes 2 No	_____ children 98 "Don't know
8 _____	1 Yes-->Q622 2 No—>Q623 8 Don't know	88 "Don't know	_____ years < 1 yr: 00	_____ years 88 "Don't know	1 Yes-->Q627 2 No—>Q626	1 Yes 2 No	_____ children 98 "Don't know

VII REPRODUCTIVE HEALTH KNOWLEDGE/ATTITUDES

700. What do you think is the ideal number of children for a young family in Romania

    0 0 children
    1 1 child
    2 1-2
    3 2
    4 2-3
    5 3
    6 3-4
    7 4
    8 5 or more
    9 God knows
  77 As many as possible
  88 Don't know

701. When is it most likely for a woman to become pregnant?

    1 A week before menstruation starts
    2 During menstruation
    3 A week after menstruation starts
    4 Halfway between her periods
    5 It doesn't matter, all times alike
    7 Other (specify) _____
    8 Don't know   _____

702. Do you think that a woman always has the right to decide about her pregnancy, including whether to have an abortion?
    1 Yes--->GOTOQ704
    2 No

703. Under which of the following conditions is it all right for a woman to have an abortion (**READ** EACH REASON)?

	YES	**NO**	**PEP.**	**DK**
A. Her life is endangered by pregnancy	1	2	3	4
B. The fetus has a physical deformity	1	2	3	4
C. The pregnancy has resulted from rape	1	2	3	4
D. Her health is endangered by pregnancy	1	2	3	4
E. She is unmarried	1	2	3	4
F. The couple cannot afford to have a child	1	2	3	4

704. If a woman takes the pill correctly, how sure can she be that she will not become pregnant? (READ 1-4)

    1 Completely sure
    2 Almost sure
    3 Fairly sure
    4 Not sure at all
    8 Don't know

705. How safe for a woman's health is the pill?
(READ 1-4)

    1 Very safe
    2 Safe
    3 Fairly safe
    4 Unsafe
    8 Don't know

706. Please indicate whether you agree or disagree with the following statements about the pill.

	AGREE	DISAGREE	DK
A. The pill makes you gain weight	1	2	8
B. Having to remember to take the pill every day causes stress	1	2	8
C. The pill makes periods more regular	1	2	8
D. The pill makes you nervous	1	2	8
E. Taking the pill for too long can cause infertility	1	2	8
F. Women who take the pill have a higher risk of getting cancer	1	2	8
G. The pill removes the fear of getting pregnant	1	2	8
H. The pill is easy to use	1	2	8
I. The pill is bad for blood circulation	1	2	8

707. If a woman has an IUD correctly fitted, how sure can she be that she will not become pregnant? (READ 1-4)
    1 Completely sure
    2 Almost sure
    3 Fairly sure
    4 Not sure at all
    8 Don't know

708.	How safe for a woman's health is the IUD? (READ 1-4)

1 Very safe
2 Safe
3 Fairly safe
4 Unsafe
8 Don't know

707.	Do you want to have more information about contraceptive methods?

1 Yes
2 No------------ > GO TO Q.709

708.	Who do you consider the most reliable person to give you this information?

1 Doctor
2 Nurse/Midwife
3 User of contraception
4 Girl friend(s)
5 Mother
6 Relative
7 Newspaper/magazine (reporter)
20 Other:_____
98 Don't How

709.	Now I will read some other statements. Please tell me whether you agree or disagree with each.

	AGREE	DISAGREE	DK
A. Care of children is women's work	1	2	8
B. A woman should be a virgin when she marries	1	2	8
C. A woman can become pregnant at the time of the first sexual intercourse	1	2	8
D. If a man uses a condom, it doesn't diminish the pleasure for woman	1	2	8
E. It's all right to use the same condom more than one time	1	2	8
F. It is all right for a woman not to have children if she does not want to	1	2	8

710.	If a woman had a unwanted pregnancy what should she do? (READ OPTIONS 1-3):

1   Have the baby and keep it
2   Have the baby and give it up for adoption
3 Have an abortion
8 Don't know

711.	From the following birth control methods that I am going to name, please tell me if you would want to use it, do not want to use it, or you are not sure?

Method	WANT TO USE IT	DON'T WANT TO USE IT	NOT SURE	DON'T KNOW
A. Pills	1	2	8	9
B. IUD	1	2	8	9
C. Sterilization	1	2	8	9
D. Condom	1	2	8	9
E. Withdrawal	1	2	8	9
F. Vaginal Methods	1	2	8	9
G. Injectables	1	2	8	9
H. Abortion on request	1	2	8	9

VIII SOCIOECONOMIC CHARACTERISTICS

800.   Please tell me whether this household or any member of it
has the following items:

	Yes	No
A. Bathroom	1	2
B. Flush Toilet	1	2
C. Central heating	1	2
D. Color television	1	2
E. Automobile	1	2
F. VCR	1	2
G. Telephone	1	2
H. Vacation home	1	2

801.   What is your ethnic background (Naitonalitate)?

1 Romanian
2 Hungarian
3 Romy (Gipsies)
4 German
8 Other (specify):_____
9 Refused/Not stated

802.   What is your religion (Religie)?

1 Orthodox
2 Romano-Catholic
3 Reformata
4 Greco-Catholic
5 Other (specify): _____
7 NoReligia ----------------------------->GO TO Q.804
8 Undeclared------ >GO TO Q.804

803.   About how often do you usually attend religious services?
(READ ANSWERS 1-5)

1 At least once a week
2 At least once a month, but less than once a week
3 Less than once a month
4 Only on holidays
5 Never

804.   Does more than one family live in this flat/house?

1 Yes
2 No

805.   How many rooms does this house/flat have (not including
bathrooms and kitchen)

__ rooms

806.   Which of these best describes this house/flat?

1 Own home/apartment
2 Rental, from private owner
3 Rental, state owned
4 Living with other family/relatives

IX. KNOWLEDGE OF AIDS

900.   Have you ever heard of the disease called AIDS or HTV infection?

    1 Yes

    2 No—> END OF INTERVIEW

901.   Do you think a person can be infected with the AIDS
    virus and not have any clinical signs of the disease?

    1 Yes
    2 No
    8 Don't know

902.   Do you believe a person can become infected with AIDS in the
    following ways? (READ A-J)

	YES	NO	DK
A Receiving a blood transfusion	1	2	8
B Using public bathrooms	1	2	8
C Kissing on the mouth	1	2	8
D Having heterosexual relations	1	2	8
E Men having homosexual relations	1	2	8
F Shaking hands	1	2	8
G Getting injections	1	2	8
H Mosquito bites	1	2	8
I Sahring objects with a person with AIDS	1	2	8
J Having a medical exam	1	2	8

903.   Do you think the following persons generally have no risk, a low
    risk, or a high risk of getting AIDS?

	NO RISK	LOW RISK	HIGH RISK	DEPEND	DPK
A. Married woman	1	2	3	4	8
B. Married man	1	2	3	4	8
C. Homosexual man	1	2	3	4	8
D. Homosexual woman	1	2	3	4	8
E. Prostitute	1	2	3	4	8
F. Intravenous drug user	1	2	3	4	8
G. Sexually active woman, unmarried	1	2	3	4	8
H. Sexually active man, unmarried	1	2	3	4	8

904.   What can a person do to reduce the risk of getting AIDS?

	SPONTANEOUS YES	NO	PROBED YES	NO
A Use condoms	1	2	3	4
B Avoid relations with prostitutes	1	2	3	4
C Do not donate blood	1	2	3	4
D Have only 1 sexual partner	1	2	3	4
E Ask partner to have blood tested for AIDS	1	2	3	4
F Do not have sexual relations	1	2	3	4
G Sterilize needles	1	2	3	4
H Avoid relations with bisexuals/ homosexuals	1	2	3	4
I Other_____	1	2	3	4

905.   Do you think that you have any risk of getting AIDS?

    1 Yes
    2 No------------- >END OF INTERVIEW
    8 Don't know ---- >END OF INTERVIEW

906.   Would you say that you have a low risk or a high risk?

    1 Low risk
    2 High risk
    8 Don't know

END OF INTERVIEW

TIME INTERVIEW ENDED ___ ___ : ___ ___